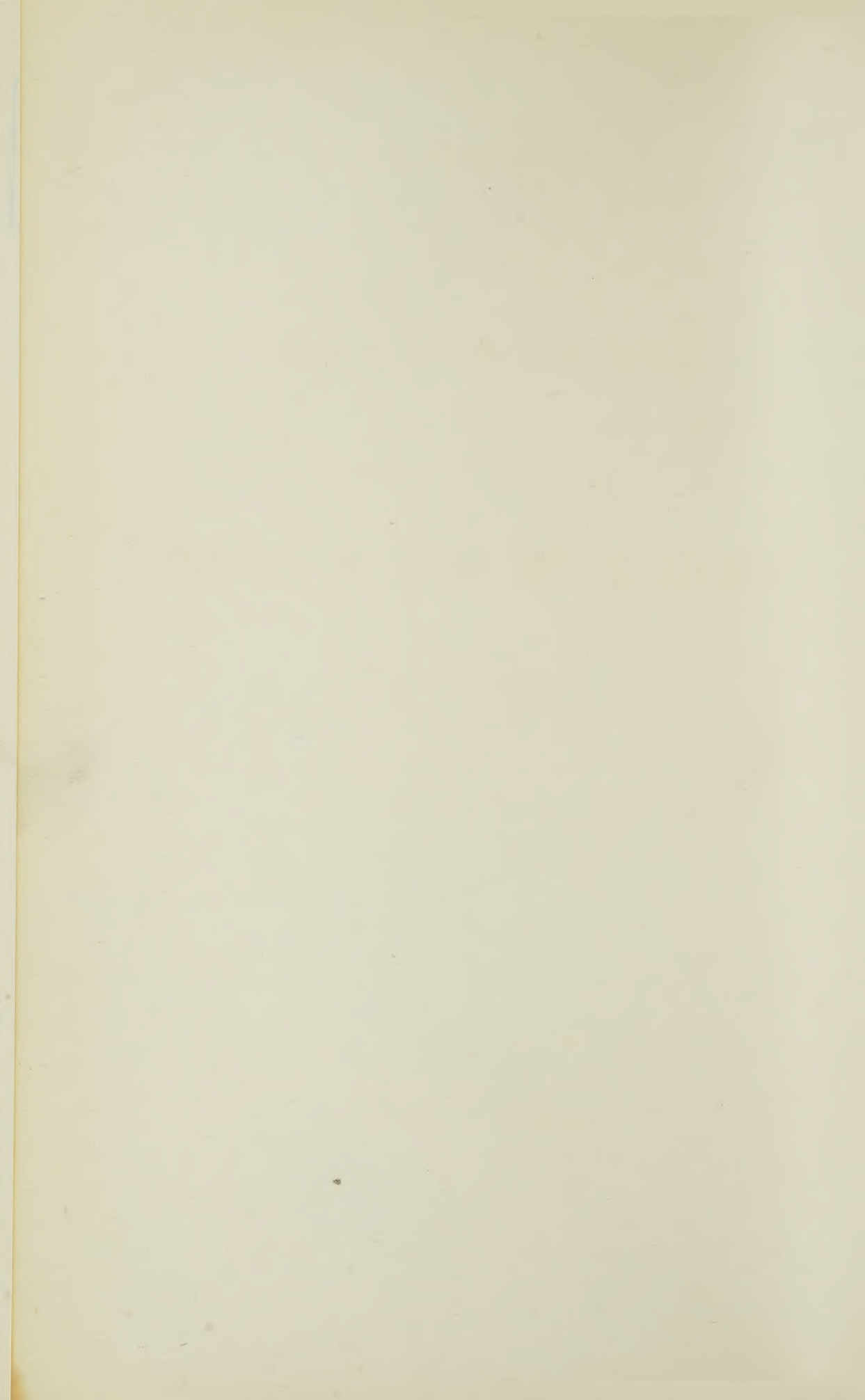


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APPENDIX

TO THE

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DOMINION OF CANADA

SESSION 1918

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OTTAWA
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1918

LIST OF APPENDICES, 1918.

- No. 1.—Reports of the Select Standing Committee on Agriculture and Colonization: The reports of sub-committees and proceedings as appended to First Report presented 2nd day of May, and to Second Report presented 22nd day of May, for the information of the House, *recommended printed in pamphlet form forthwith. Concurred in. See Votes and Proceedings, pages 345, 521 and 585. Not printed as an appendix.*
- No. 2.—Report of the Special Committee, appointed to consider and report upon the Pension Board, the Pension Regulations and the sufficiency or otherwise of the relief afforded thereunder, the Pension lists in force in Canada for disabled and other soldiers and the dependents of those killed while on active service, and any other matters relating thereto or connected therewith: The third report, proceedings and evidence, *recommended printed forthwith for distribution, and also printed in the appendix to the Journals of 1918. Concurred in. See Votes and Proceedings, pages 494-497, 540 and 584. Printed.*

Soldiers' Pension Regulations

Proceedings of the Special Committee appointed to consider and report upon the Pension Board, the Pension Regulations and the sufficiency or otherwise of the relief afforded thereunder, the Pension Lists in force in Canada for disabled and other soldiers and the dependents of those killed while on active service, and any other matters relating thereto or connected therewith.

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ORDER OF REFERENCE.

HOUSE OF COMMONS,
OTTAWA, April 10, 1918.

Resolved,—That a Special Committee be appointed to consider and report upon the Pension Board, the Pension Regulations and the sufficiency or otherwise of the relief afforded thereunder, the Pension lists in force in Canada for disabled and other soldiers and the dependents of those killed while on active service, and any other matters relating thereto or connected therewith, with power to send for persons, papers and records, to examine witnesses under oath and to report from time to time.

Attest,

W. B. NORTHRUP,
Clerk, House of Commons.

FRIDAY, April 12, 1918.

Ordered,—That the following Members do compose the said Committee: Messieurs Cronyn, Green, Lapointe (St. James), Lemieux, Nesbitt, Nickle, McCurdy, Murphy, Power, Parent, Redman, Rowell, Ross, Sutherland and Turriff.

Attest,

W. B. NORTHRUP,
Clerk, House of Commons.

MONDAY, April 22, 1918.

Ordered,—That the said Committee be granted leave to sit during the time the House is in session.

Attest,

W. B. NORTHRUP,
Clerk, House of Commons.

WEDNESDAY, April 24, 1918.

Ordered,—That the said Committee be given power to print its Minutes of Proceedings and the Evidence taken, from day to day, for the use of the Committee, and that Rule 74, relating thereto, be suspended.

Attest,

W. B. NORTHRUP,
Clerk, House of Commons.

WEDNESDAY, April 24, 1918.

Ordered,—That the name of Mr. Pardee be added to the said Committee.

Attest,

W. B. NORTHRUP,
Clerk, House of Commons.

THIRD AND FINAL REPORT.

(May 20, 1918).

The Special Committee, appointed to consider and report upon the Pension Board, the Pension Regulations, and the sufficiency or otherwise of the relief afforded thereunder, the Pension lists in force in Canada for disabled and other soldiers and the dependents of those killed while on active service, and any other matters relating thereto or connected therewith, presented their Third and Final Report, which is as follows:—

1. That the recommendations herein contained apply only to members of the Canadian Expeditionary Force and the members of the Canadian Naval Force, who are hereinafter described as "members" or "member;" and that the word "pension" herein used includes, where necessary, the words "allowance" and "gratuity."

2. That the Board of Pension Commissioners be considered and developed as a civil, rather than as a military, organization.

3. That the Commissioners should devote the whole of their time to the performance of their duties.

4. That the approval of the Commission to the award of any pension be evidenced by the personal signature of at least one of the Commissioners.

5. That the members should promptly be notified by the Commission of their decision.

6. That as far as possible the examining medical boards should be composed of a civilian physician or surgeon of wide experience, an overseas member with actual experience of war conditions and cases, and an experienced representative of the Canadian Army Medical Corps.

7. That it should be impressed, by those in authority, upon the examining medical boards, before whom members appear for examination for the determination of disability, that the relationship between them is that of doctor and patient; that every facility should be granted a member to give an account of the facts of his condition from his point of view; and that the pension forms now in use should be altered to make provision for a record of such statement being taken and forwarded to the Commission for consideration; that such statement, after being read over to the member, as well as a statement as to the number of doctors who were present and made the examination, should be signed by him.

8. That the system formerly in vogue be restored, whereby the examining medical boards reported to the Commission their estimate of the percentage of disability as based upon the disability table of the Commission; and in the event of the estimate of the medical officers of the Commission differing more than ten per cent from the estimate of the examining boards, that the examining boards be advised of such difference and requested to furnish reason to the Commission for their conclusion. To prevent misunderstanding, care should be taken by the examining boards to refrain from giving the members any information regarding the percentage of disability as estimated by them.

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9. That no deduction should be made from the pension of any member who has served in a theatre of actual war, other than the United Kingdom, on account of any disability or disabling condition existing prior to enlistment, provided that the pre-enlistment disability or disabling condition had not been wilfully concealed by the said member, or was not obviously apparent in said member at the time of enlistment.

10. That pensions should be awarded for disability in accordance with the rank or acting rank of the member at the time the disability was incurred; that no variation in rank after such disability is incurred should affect any pension. The word "disability" as used in this paragraph means such a disability as unfits a member for service in a theatre of actual war, other than the United Kingdom; and that any award heretofore made should be reviewed and determined for the purpose of future payments in accordance with the provisions herein mentioned.

11. That pensions should be discontinued upon the re-enlistment of a pensioner as a member in the Expeditionary or Naval Forces; and that his case upon re-discharge should be considered anew as if his services had been continuous from his first enlistment: provided, however, that after discharge no pension shall be awarded in respect of any disability incurred while the member was in civil life.

12. That if a medical board, consisting of a physician or a surgeon appointed by the Commission, a physician or surgeon appointed by the member, and, if these two do not agree, a third physician or surgeon appointed by them, is of opinion that the member should undergo medical or surgical treatment in a sanatorium, hospital, convalescent home, or otherwise, for any purpose, for the period during which the said board is of opinion that such treatment is necessary and in his interest, and the said member refuses to abide by such decision, the pension awarded, or to be awarded, may be reduced by not more than fifty per cent; that if the member is unable or neglects or refuses to appoint a physician or surgeon, the Commission shall make the appointment; and, that the reasonable expenses of said board be paid by the Commission.

13. That whenever a pensioner is required to be medically re-examined he shall be entitled to be paid a reasonable amount for travelling expenses and subsistence or loss of wages.

14. That the Commission should have discretion to refuse to award a pension whenever a member has been dismissed from the service, or has been discharged dishonourably or for bad conduct.

15. That pensioners above the rank of lieutenant and who are totally helpless may, in the discretion of the Commission, be awarded a total sum by way of pension and allowance not in excess of that which a totally disabled and helpless lieutenant might be awarded.

16. That in the discretion of the Commission, a pensioner need not be paid any instalment of his pension which has remained unclaimed by or for him for more than six years from the date such instalment became due; and the balance of any pension payable to or for a deceased person should not be deemed to be part of the assets of the estate of such deceased person, but may be paid to the widow, children, or dependents of such deceased person as the Commission may direct. The Commission should have authority to apply such money, or a portion thereof, toward the payment of the expenses of the deceased pensioner's last sickness and burial.

17. That a woman who has been divorced or legally separated from a deceased member, and who at the time of her divorce or separation was granted alimony or any alimentary allowance, should be entitled to the same recognition for pension as his widow would have received, but in no case should a pension be awarded to her in excess of the amount of alimony or alimentary allowance which was awarded her.

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18. That when a member is married, and his wife does not live with him and is not maintained by him, the additional pension for a married member may, in the discretion of the Commission, be refused, or if awarded may be paid to the member's wife.

19. That when a member has no wife, but is wholly or to a material extent maintaining one or both of his parents, an amount equivalent to an additional pension for a married member may be paid to him.

20. That the Commission should be given authority to refuse a pension to the widow of a deceased member who has been separated from him, and was not supported by him for a reasonable time prior to enlistment and during his service.

21. That the Commission should have power to suspend or cancel the pension of any female pensioner who is a common prostitute, or who openly lives with any man as his wife without being married to him.

22. That the Commission may, in its discretion, award a pension, not in excess of the rate for an orphan child, to any child of a member who is not being maintained by and does not form part of the family cared for by the widow, divorced wife, unmarried wife, or parent of the member. Any such award shall be subject to review at any time, and the pension may be continued at the rate provided for children who are not orphans.

23. That no allowance should be paid to or in respect of a child who, if a boy, is over the age of sixteen years, or if a girl, is over the age of seventeen years, except when such child and those responsible for its maintenance are without resources and the child is unable, owing to physical or mental infirmity, to provide for its maintenance, in which case the allowance may be continued until such child has attained the age of twenty-one years.

24. That the pension to any parent, or person in the place of a parent, should be subject to revision from time to time, and should be awarded in amounts necessary to provide maintenance for such parent or person; but in no case should such pension exceed the amount of pension provided for parents in schedules "C" and "D" of the present Pension Regulations.

25. That the regulations now in force with regard to the awarding of pensions to dependents should be amended so as to provide that a parent, or a person in the place of a parent, who was not wholly or materially maintained by a member at the time of his death, and who at a subsequent time becomes dependent, may be awarded a pension provided he or she is incapacitated, either mentally or physically, from earning a livelihood, and if in the opinion of the Commission the member would wholly or to a material extent have maintained such parent or person had the member not died.

26. That a dependent should not be entitled to an allowance when the widow or any children of the member are alive and entitled to a pension or allowance; provided that when the widow of a member is not alive, or is not entitled to a pension, and his children have been living with and have been in the care of a dependent, and such dependent has been acting in the place of a parent with respect to such children, such dependent should be entitled to an allowance. So long as the relationship between such children and dependent continues the dependent's allowance should be paid, and the children should only be entitled to the allowance prescribed for children who are not motherless.

27. That the Commission should be given discretion to apportion a pension between several applicants of the same relationship to the deceased member.

APPENDIX No. 2

28. The Committee further considered the question of the pension granted to Colonel R. H. Labatt, member of the Board of Pension Commissioners, the letter of Mr. H. H. Stevens, M.P., dated April 23rd, 1918, to the Chairman of the Committee, and the letter of Colonel Labatt, dated May 8th, 1918, to the Chairman of the Committee; and after hearing all evidence submitted, the Committee reports as follows:—

(1) The Pension and Claims Board, who had charge of pensions prior to the formation of the Board of Pension Commissioners, adopted the principle that the disability of a pensioner was to be estimated by the extent to which his capacity had been lessened for earning a livelihood in the general labour market. This principle was accepted by the Parliamentary Committee and the House of 1916, and has been followed by the Board of Pension Commissioners ever since it was organized.

(2) Pursuant to the policy laid down by the Parliamentary Committee of 1916, it was provided in the Order in Council of June 30th, 1916, constituting the Pension Board, that:—

“No deduction shall be made from the amount awarded to any pensioner owing to his having undertaken work or having perfected himself in some form of industry.”

(3) As pensions were awarded as of the date of discharge, it was the settled practice of the Pension Board to award pensions according to the rank held by the pensioner at the date of his discharge from the C.E.F.

(4) Colonel Labatt received his rank of temporary colonel in July, 1916, when taking command of the training camp at Niagara, and was appointed a member of the Pension Board in October, 1916, when he was seconded from the C.E.F. for duty without pay.

(5) He was discharged from the C.E.F. in October, 1917, and upon examination by the medical board in that month was found to be suffering from valvular disease of the heart, it being estimated that it was a case of full disability, and he was thereupon awarded a full pension for a period of six months, from October 16, 1917.

(6) On March 27, 1918, Colonel Labatt was again examined by a further medical board, who found that he was suffering from 100 per cent disability, and thereafter his pension was made permanent.

The Committee finds on the evidence:—

(a) That Colonel Labatt is suffering from valvular disease of the heart, and that he is totally disabled within the meaning of the pension regulations, and that he was not suffering from this disability at the date of enlistment.

(b) That Colonel Labatt was not granted a pension by misrepresentation or by any influence, direct or indirect, on the part of any member of the Government.

(c) That Colonel Labatt gave able advice and assistance in the organization and development of the Pension Branch of the Public Service, and was in the performance of his duty most efficient, to the full measure of his strength.

(d) That the growing number of pensioners and pension claimants and the increasing work and responsibility of the Pension Board, demand the whole time and energy of men full of physical vigour, and that the Committee is of the opinion that Col. Labatt's resignation contained in his letter to the Chairman of the Committee should be accepted by the Government.

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29. That a Committee should be appointed as early as possible next session to give further consideration to such problems as may arise, and to prepare and submit to the House for consideration an Act dealing with pensions for members.

30. Your Committee also begs to commend to the consideration of the Government those several recommendations of your Committee's report which affect rates of pensions, pension allowances, and other expenditures of public money.

31. Your Committee further recommends that its report, its proceedings, and evidence submitted herewith, together with a suitable index to be prepared by the clerk of the Committee be printed forthwith for distribution, and also printed in the Appendix to the Journals of 1918, and that rule 74, in relation thereto, be suspended.

All of which is respectfully submitted.

N. W. ROWELL,
Chairman.

APPENDIX No. 2

MOTION FOR PRINTING.

On motion of Mr. Rowell, the said Report, together with the proceedings and evidence appended thereto, was ordered to be printed forthwith, and that Rule 74 be suspended in relation thereto.

MOTION THAT REPORT BE RECEIVED, ETC.

THURSDAY, May 23rd, 1918.

By leave of the House,

Mr. Rowell moved, That the recommendations contained in the Third Report of the Special Committee, appointed on the 10th day of April, 1918, to consider and report upon the Pension Board, the Pension Regulations and the sufficiency or otherwise of the relief afforded thereunder, the Pension lists in force in Canada for disabled and other soldiers and the dependents of those killed while on active service, and any other matters relating thereto or connected therewith, be commended to the consideration of the Government.

And a Debate arising thereon: (*See Unrevised "Hansard" p. 2556.*)

Sir George Foster moved, (under Rule 36), That the House do now proceed to Government Orders; which was agreed to.

**MOTION THAT RECOMMENDATIONS BE COMMENDED TO THE
CONSIDERATION OF THE GOVERNMENT.**

THURSDAY, May 23rd, 1918.

On motion of Sir George Foster, for Mr. Rowell, it was resolved, That the recommendations contained in the Third Report of the Special Committee, appointed on the 10th day of April, 1918, to consider and report upon the Pension Board, the Pension Regulations and the sufficiency or otherwise of the relief afforded thereunder, the Pension lists in force in Canada for disabled and other soldiers and the dependents of those killed while on active service, and any other matters relating thereto or connected therewith, be commended to the consideration of the Government.

APPENDIX No. 2

MINUTES OF PROCEEDINGS.

(ORGANIZATION MEETING.)

HOUSE OF COMMONS, Room 318,
THURSDAY, April 18, 1918.

The Committee met at 2.30 o'clock, p.m.

Members present.—Messieurs Cronyn, Green, Lapointe (St. James), Nesbitt, Nickle, McCurdy, Redman and Rowell.—8.

Mr. Nickle moved that Hon. N. W. Rowell be chairman of the committee.—Motion unanimously agreed to.

The chairman read the Order of Reference which had been passed by the House on April 10, and the committee proceeded to discuss the scope of the enquiry ordered, relating to the Pension Board and Pension Regulations, as set forth in the said Order of Reference.

Copies of the Report of the Committee on Soldiers' Pensions, 1916; also copies of Report on Returned Soldiers, 1917, Pension Regulations, 1917, Pension List of February, 1916, and Order in Council, P.C. 462, dated 22nd March, 1918, were produced and ordered distributed to each member of the Committee.

The clerk of the committee was instructed to request the attendance of Mr. Kenneth Archibald of the Pension Board for next meeting; also, Mr. Norman Knight of the Great War Veterans' Association, and a representative of the Army and Navy Veterans' Association.

The chairman proposed that Hon. Mr. McCurdy be vice-chairman of the committee, which was unanimously approved.

The committee then adjourned until Wednesday, 24th April at 10 o'clock, a.m.

V. CLOUTIER,
Clerk

N. W. ROWELL,
Chairman.

HOUSE OF COMMONS, Room 318,
WEDNESDAY, April 24, 1918.

The committee met at 10 o'clock, a.m.; the chairman, Hon. N. W. Rowell, presiding.

Members present.—Messieurs Cronyn, Green, Lapointe (St. James), Nesbitt, Nickle, McCurdy, Redman, Ross and Rowell.—9.

The minutes of proceedings of last meeting were read and adopted.

The chairman read communications received from the Canadian Institute for the Blind and from the Mayor of the city of Lindsay, Ont., which were ordered referred to the Board of Pension Commissioners, and requesting an immediate report thereon; also, copies of Order in Council, P.C. 432, 433 and 434, dated 21st February, 1918.

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The clerk of the committee was instructed to communicate with the Paymaster-General's Office, Department of Militia and Defence and with the Director-General of Medical Service-Invalids, and request the attendance of officers in charge of the Post Discharge Pay Branch, the Assigned Pay and Separation Allowance Branch, and a representative of General Fotheringham's office, for next meeting.

The committee then proceeded to hear the evidence of Mr. Kenneth Archibald of the Pension Board, and Mr. Norman Knight of the Great War Veterans' Association.

Mr. Nickle moved, seconded by Mr. Redman that the committee obtain authority from the House to print its minutes of proceedings and evidence taken, from day to day, for the use of the committee, and that rule 74, relating thereto, be suspended.

The committee then adjourned until Thursday, 25th April, at 11 o'clock, a.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

APPENDIX No. 2

MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,
COMMITTEE ROOM 318,
WEDNESDAY, April 24, 1918.

The special committee appointed to consider and report upon the Pension Board and Pension Regulations for disabled and other soldiers and their dependents met at 10 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Mr. KENNETH ARCHIBALD, legal adviser of the Board of Pension Commissioners for Canada, appeared at the request of the committee.

By the Chairman:

Q. Mr. Archibald, you have prepared a statement for presentation to the committee with regard to the administration of the Board of Pensions, have you not?—
A. I have not prepared a statement personally, except as contained in that book which you have before you, but I had prepared what we had hoped would be a Bill that would be brought up at the last session. I have made amendments to that Bill from time to time in order to bring it up to date. Mr. Nickle, Mr. Gisborne, and myself, last year went into the whole question of pensions very carefully, but no action on it was taken, and I have brought with me some copies of a suggested Bill. It is a very similar Bill to the Bill previously prepared which Mr. Nickle and I drew up, but I do not know of how much value it will be to this committee. I do not know whether the scope of this committee is to prepare a Bill or what.

The CHAIRMAN: The scope of the committee is to deal with the whole question (reads): "To consider and report upon the Pension Board, the Pension Regulations, and the sufficiency or otherwise of the relief afforded thereunder, the Pension List in force in Canada for disabled and other soldiers and the dependents of those killed while on active service." The scale of allowances was changed last October, and a very substantial increase was made at that time, but the present position is the matter now before us.

Mr. NICKLE: I think Mr. Archibald might, for the benefit of the new members of the committee, give very shortly a statement showing the growth up to the present condition of the Pension Board and the regulations.

WITNESS: At the beginning of the war the only regulations with regard to the subject-matter of pensions were contained in the Pay and Allowances Regulations of 1912. Those regulations provided that pensions should only be payable when the death or disability was clearly due to the performance of military duty. The scale of allowances was extremely small: total disability incurred in the presence of the enemy was rated at \$150 per annum, and so on down to, I think, \$86 per annum for slight disability not incurred in the presence of the enemy. In April, 1915, the men were beginning to come back from overseas and it was realized that the pensions were not large enough, and an Order in Council was passed amending the Pay and Allowances Regulations and bringing the total disability, in the presence of the enemy, pension to \$264 per annum: the slight disability, not in the presence of the enemy, was fixed at \$75 per annum. In the session of 1916, about March or April, a committee of this House sat to discuss the whole subject-matter of pensions, and they made a recommendation to Parliament which was contained later in an Order in Council, just at the end of the session. Parliament did not bring down a Bill, but Parliament, I think gave authority to pass the Order in Council.

Mr. NICKLE: They did that under the War Measures Act.

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WITNESS: But I think the Government accepted the recommendation of the committee. Thereupon, on June 3, 1916, an Order in Council was passed providing that there should be a commission of three members appointed for ten years, subject to removal by the Governor in Council, who should have exclusive jurisdiction to deal with the subject-matter of pensions, both military and naval. Since that time quite a number of Orders in Council have been passed under the War Measures Act amending the regulations made on June 3, 1916. The main amendments, however, were made on October 22, 1917. It had been realized for some time that the scale of pensions was not high enough at that time although an amount of \$480 per annum for total disability was fixed in the Order in Council of June 3, 1916. It was considered that was too small still, so they fixed on October 22, 1917, by Order in Council P.C. 2999, the scale for total disability at \$600 per year. They also increased the allowance payable to children by \$2 a month. Previously it had been \$6 per month for total disability, but under the Order in Council of October 22, 1917, this was put at \$8 per month. In that Order in Council they also made a new departure. They provided that a disabled pensioner should get something additional for his wife, and they fixed that at \$8 per month for total disability. In the case of the lesser disabilities of course the allowances were decreased in accordance with the degree of disability.

By Mr. Ross:

Q. That was \$600 for himself and \$8 for his wife?—A. Yes, and for each child he would get an additional \$96 per year.

Q. Was that not a general increase of 25 per cent?—A. No, it was not that; it was supposed to be a general increase of 25 per cent, but as a fact, it worked out to be a general increase of 41 per cent—perhaps I had better go back again to the Pay and Allowance Regulations in order to explain more clearly. In the Pay and Allowance Regulations they had four kinds of disabilities, that is to say: disability, total, incurred in the presence of the enemy; that was what was called first-degree pension. Second-degree pension was: material disability incurred in the presence of the enemy, and total disability not incurred in the presence of the enemy; the third degree was: material disability not incurred in the presence of the enemy, and slight disability incurred in the presence of the enemy; and the fourth degree was slight disability incurred in the presence of the enemy. When the Order in Council of June 3, 1916, was passed, they did away with the distinction between disabilities incurred in the presence of the enemy, and those not incurred in the presence of the enemy, and simply figured it on a percentage basis: There were six classes of pensions; total disability 100 per cent; the second class was from 80 to 99 per cent disability; the third class was from 60 to 79 per cent disability; the fourth class was from 40 to 59 per cent disability; fifth class from 20 to 39 per cent disability; and the sixth class was from 0 to 19 per cent disability. There has been a great deal of complaint about this, because a man might be 35 per cent disabled, and he could get only a 20 per cent pension, whereas if he had been 40 per cent disabled, he would have been given a 40 per cent pension. The result was that the Government thought it best to make twenty-one classes of disability instead of six; that is to say they divided the 100 per cent into classes of 5 per cent. Those 100 per cent disabled got the full pension. Those disabled 95 to 99 per cent got the next lower class, then to 90, and 85, and so on down to 5 per cent, and then a gratuity for the class below 5 per cent. The result was that although there was simply a 25 per cent increase over all nevertheless the man that had 35 per cent disability was raised 15 per cent over his previous 20 per cent, which gave him a large increase in money so that he got almost twice as much pension as he did previously. All the pensions were readjusted on the basis of the new scale; I do not know whether they have absolutely completed every single case, because there are a lot of men whose addresses have been lost, and they have not yet, some of them, sent in claims for their pension.

[Mr. Kenneth Archibald.]

APPENDIX No. 2

By Mr. Nesbitt:

Q. But the intention is to readjust them all?—A. Yes, that is the intention; we are all ready to pay them the readjusted pensions, but in some cases we cannot pay them because we do not know their addresses. There may be two or three that have been skipped over through error. You see we have at the present time about 15,000 disability cases, and when we are trying to readjust them all, and do the whole thing inside of two months, we are liable to skip one or two. We have to readjust also all the pensions to dependents, and they are brought up about 25 per cent over all, because there was no question of classes in that case. The parents under this Order in Council of October 22, 1917, were more benefited than any other class. Under the Order in Council of June 3, 1916, they were only allowed 60 per cent of total disability pension, which gave them \$24 a month. Now they are entitled to 80 per cent total disability, which gives them \$40 per month, so that their pensions are now the same as that of a wife, except that they still must have been wholly or mainly dependent upon the soldier who is dead at the time of his death before pension can be awarded. We find that it is very difficult to treat the widowed mothers, fathers and dependents in general in accordance with the law, and not cause a great deal of disappointment and heart-burning. There are quite a large number of widowed mothers, for instance, or fathers, whose sons have assigned their pay to them, and who possibly get separation allowance, and who also have an income, on the side, of perhaps \$50 or \$60 per month. Of course we cannot give any pensions to these. There are also a large number of cases in which the son did not assign any pay at all, nevertheless he was looked upon as the main support, hoping to come back and be the main support of his parents when he did come home. His widowed mother was not mainly dependent on him. She could not be, because he did not give her anything. She nevertheless makes claim for a pension.

Q. Although he did not assign any pay to the widowed mother she is now making claim for pension?—A. Yes, and they feel badly when we cannot give them a pension. Then there is the further case of a woman who is in a position where she receives \$50 or \$60 a month. We cannot give her a pension, but it is very certain that in many of these cases later on these people will become dependent and will expect to be provided for; because, if the soldier had lived he would have assumed the responsibility. There is one woman I have in mind, at the present time, she is 56 years of age and holds a position in the bank making about \$850 per year. We could not give her a pension because her income is much greater already than she could get as a soldier's dependent, but she represents that in a few short years she will become absolutely in a dependent position.

By Mr. Ross:

Q. Take the case of a boy who has gone to the front and left at home a very old father or a very old mother, and the father is earning something now, but the son does not come back and the father becomes incapacitated, in what position would these people be?—A. If the father has become incapacitated and cannot earn anything previous to the death of the son and the son has been assigning his pay to him he will get a pension.

Q. Can they get separation allowance on application now?—A. I am not supposed to be an authority on separation allowance, but I have no doubt but that in a case like that consideration would be given to the circumstances. Special cases such as that would have to be brought before the Governor in Council, but they are few in number.

By Hon. Mr. McCurdy:

Q. In a case of that kind, the assignment of pay would necessarily precede the payment of separation allowance?—A. Yes, but it is in those cases where the father has become incapacitated after the death of his son and consequently we cannot give

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him a pension that the difficulty arises. I saw a case yesterday where the father was earning \$12 a week and looking after his family. The old man went on working for over a year after the son died, he did not make any application for a pension, for he did not want it, but he has now become totally incapacitated and cannot work at all. I think one of those cases that I heard referred to this morning, that of Mr. Labelle, is the very case I am speaking of. He became incapacitated about a year after the death of his son. That is what we call a prospective dependent, that is to say dependency supervening after the death of the son. The son could not have been the main support at the time of death, although he would probably have been, had he lived.

By Mr. Cronyn:

Q. You will try to provide for a case of that kind in the Bill which you have drafted?—A. In the Bill we have drawn we have tried to provide for all such cases. I had got up to the Order in Council of October 22, 1917. There has been very little change in the pensions since then until the formation of the Soldiers' Civil Re-establishment Department. The formation of that department I think will affect pensions a great deal, because these long treatment cases, tuberculosis, epilepsy, insanity, will be all evacuated from the hospitals which are to be looked after by the Department of Militia and Defence and will be passed on to the Invalided Soldiers' Commission, which is part of the Soldiers' Civil Re-establishment Department, and that commission will look after all these men. For instance men are suffering from tuberculosis. Our idea is that they receive pay and allowances and at the present time I think an order is now before Council to provide for the payment of allowances in these cases and providing against the payment of pensions until the men have had their treatment, and come to us as cases upon which there is a medical finality. The new department will affect pensions in that way.

By the Chairman:

Q. Just make that a little clearer. Before this department was established, when would these cases come to you?—A. Before that department was established these cases would continue to be treated in sanatoria which would be under the control of the M. H. C., but these men were not discharged, they were kept on the strength until their cases were supposed to have reached a medical finality; then they were discharged and were pensioned. Now they will be permanently discharged from the Canadian Expeditionary Force, but will continue their treatment in the hospitals under the jurisdiction of the Soldiers' Civil Re-establishment Department. If we were to grant a pension to a man suffering from tuberculosis, as soon as he is discharged from the Militia Department to the Soldiers' Civil Re-establishment Department, we should have to take him up again within three months or a year, or change his pension, because of his changed condition. The same would apply to epilepsy, or to any long treatment case. It seems to me it is preferable they should not get their pensions until their cases have reached more or less medical finality. Then, when you once give them a pension, you have something that is fairly permanent. Of course, there will be a number of cases which we will have to examine again in order to see if the disability has increased or decreased. We have as many cases where it increases, as where it decreases, but there should be some time fixed for the ceasing of these medical re-examinations and some time when the pensions will become permanent. But you cannot set a definite time if you start to pension a man who is suffering from tuberculosis just as soon as he gets back from the other side. I understand the policy of the Department of Militia and Defence is to discharge these men to the Soldiers' Civil Re-establishment Department, as soon as they land, practically.

By Mr. Nesbitt:

Q. And they look after them till they come to you?—A. Yes, the Soldiers' Civil Re-establishment Department looks after them and finally, when their cases have reached a medical finality, they will hold another Board on them, composed, of course,

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of civilian doctors, and they will be passed on for pension. There is one other way in which the new department affects the Board of Pension Commissioners, that is to say, under the previous regulations we made reports to the Minister of Finance; now we shall make reports to the Minister of the Soldiers' Civil Re-establishment Department. I understand, however, that in the Bill, passed through the House a little while ago, the duties and powers of the Board of Pension Commissioners were reserved to them, the result being that outside apparently of having the Minister of Soldiers' Civil Re-establishment, through whom to report, our powers will not be circumscribed at all; that is to say, we shall have exclusive jurisdiction with regard to matters of pensions as was always intended.

By Mr. Sutherland:

Q. Are these soldiers discharged before they are turned over to the Soldiers' Re-establishment Department?—A. Yes, they will be discharged from Military Service to the Department of Soldiers' Re-establishment for the purpose of getting further treatment, if they are long treatment cases, and for the purpose of getting pensions from the Board of Pension Commissioners when not long treatment cases.

Q. Then it might be that they will be turned over to the Soldiers' Re-establishment Department and not get a pension and possibly not get enough to become eligible for a pension at any time?—A. At the present time, as I say, there is an Order now before Council, one of the provisions of which is that pensions shall not be payable while a man is undergoing treatment in an institution under the jurisdiction of the Department of the Soldiers' Civil Re-establishment, but that he shall only get his pension when he is discharged again from that institution, as a case having reached a medical finality.

By Mr. Ross:

Q. Is that not going to encourage a man to stay there a long time? If he is discharged from the C.E.F. what becomes of his pay and allowances?—A. Allowances will be paid by the Department of the Soldiers' Civil Re-establishment to these men while they are undergoing treatment.

By Mr. Nesbitt:

Q. And to their families also?—A. And to their families, on a basis that works out at about the same rate as the separation allowance and Patriotic Fund.

By Mr. Ross:

Q. Then the man is getting kept all that time without any diminution at all in his pay and allowances?—A. No. If the man is 100 per cent disabled, if he is suffering from tuberculosis you owe him the duty of curing him, and also the duty of giving him some pocket money and seeing that his wife and family do not suffer, and these allowances are scaled from that point of view, and are to be paid by the Department of Soldiers' Civil Re-establishment. They are a little bit larger than the pay and separation allowance, because the pay and separation allowance have the Patriotic Fund to help them out, whereas the allowances as payable by the Department of Soldiers' Civil Re-establishment would not have the Patriotic Fund to help them out. The result is that the department has to make the allowance a little bit bigger. The allowances are just a little bit bigger than the pension when the man has only two or three children, but a little smaller than the pension when the man has five or six children.

By Mr. Cronyn:

Q. I want to get this clear in my mind. There is a class of soldier who comes across who is suffering from T.B., or requires some other long treatment, perhaps an incurable disease, the idea is that he shall at once be discharged from the strength of the C.E.F., and loses his Military pay and all allowances. He shall then be transferred to the control of what I prefer to call "The Invalided Soldiers Commission," which

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is a shorter term, but it means the same?—A. The Department of Soldiers' Civil Re-establishment is the body which takes charge of the man, on discharge from the C.E.F.

Q. And your idea is that that department should have the right to pay him and his family a sum which is equal to his military pay, his wife's separation allowance, and the Patriotic Fund?—A. Not exactly, but more or less equal.

Q. Do you say they have that right now?—A. No, they have not, until this Order in Council, which is before Council now, is passed.

THE CHAIRMAN: In other words, that is the recommendation of the Soldiers' Civil Re-establishment Department to Council.

By Mr. Cronyn:

Q. Then when he is through that treatment, so far as that treatment is considered possible or necessary, and that includes, I understand, vocational training, he is discharged from that Department, and he comes under your jurisdiction for pension?—A. He comes in for pension.

Q. I understand there is another class of soldiers that does not come under the Department of Civil Re-establishment, outpatients, soldiers who live at home, and there are a great many, I believe?—A. I have not any accurate figures at all, but I understand there are a large number of men now receiving pay and allowance who cannot be discharged until their treatment is complete. Although they only need perhaps daily dressing, or daily massage, and the Department of Soldiers' Civil Re-establishment, I do not think, is ready to treat those cases, and, in any case, they have no authority to treat them. The regulation says, under that Order in Council 433, that a man shall not be discharged from the Department of Militia and Defence until he no longer requires any treatment, except the long treatment cases. But there are a very large number of these men who might apparently just as well be discharged, and could get their massage, and might be given their pension. I know of a case, I do not know the name, because I was not told it, where a young man was getting his massage at 8.30 in the morning. It took a quarter of an hour, and he was getting his pay and allowances, and subsistence, and was also getting down to his job at 9.15 in the morning and was also getting his pay from that job. The Department of Militia and Defence was paying to him his pay and allowances, and the man was also earning his ordinary salary besides.

Mr. Ross: That is the very thing I want to get at. Take a private who is totally disabled and goes into one of these hospitals, what will his dependents get?

WITNESS: What is recommended is this: While the man is undergoing treatment under the Department of Soldiers' Civil Re-establishment, he personally will get \$38, plus \$8, less \$30, which will make him \$16 pocket money. His wife will get \$35 plus \$8, that makes \$43. He gets altogether, and if he were on pension —

By Mr. Ross:

Q. His pension would only amount to \$600 a year?—A. \$696. He gets \$1 more per month. It is really most necessary, it seems to me to give proper treatment to these men that come back, especially if they are tuberculosis cases. A great deal depends upon not allowing tuberculosis men to go around the streets when their disease is active at all, and it is infinitely better that they should be treated and encouraged to take the treatment, than that they should be able to say, "If I can get out I shall have a larger pension than the allowances I shall get if I remain here for treatment." It is far better to say to them, "We will give you a larger allowance while you are undergoing treatment."

By Mr. Nickle:

Q. You have not gone so far as to say that a man should be compelled to remain in the sanatorium?—A. No, that is not the intention; you cannot force a man to take treatment if he does not want it.

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Q. That is the point I want to bring out.—A. You cannot do it. We have had probably hundreds of cases in which men want their discharge in order to get away and they will sign any paper you put before them in order to get their discharge. There used to be a system of “waivers.” The men waived all right to pension and everything else in order to get out of the sanatoria. Nevertheless we have to give the pensions afterwards, but the Department of Militia and Defence did not feel they could keep them.

Q. The Military Hospitals Commission laid that down as a principle, that they would not retain compulsorily a man suffering from tuberculosis, did they not?—A. I do not know whether the Military Hospitals Commission laid it down as a principle; I think it was the Department of Militia and Defence. Of course, the Military Hospitals Commission is not now under the Department of Militia and Defence.

By Mr. Redman:

Q. They could make him do anything as long as he is in the army?—A. They could do anything they wanted to, but, as a matter of policy, they did not think it was right—of course I do not know what they thought, but I know what they did.

By Mr. Nesbitt:

Q. Do you know what is the policy in the case of a man who wants his discharge and wants to get back into civil life; why do they hold on to him?—A. They hold on to him because they think it is to the advantage of the country to get the man back into a good state of health if it is possible to do so. If you let a man out who was a tuberculosis patient who needs treatment, if he has that treatment you can arrest his disease, possibly, and put him into the condition that he will never suffer from tuberculosis again, provided he does not take up some arduous occupation.

Q. I quite appreciate that in the case of a tubercular patient, but supposing he is only anxious to get back to civil life, and is able to do the work he was doing before he joined the service?—A. In the case of a bruised nerve or something like that, which needs massage, I see absolutely no reason why he should not be allowed to get it outside. He could get a job and at the same time he might get the same treatment which he could get here for an hour a day.

Q. At his own home?—A. Yes, he could be at his home town. He could not get the treatment in his own home, but could get it in his own city or town.

By Mr. Cronyn:

Q. Would that not lead to laxity? He would not be as anxious to keep up the treatment at his own home as he would if he were under discipline?—A. I think very possibly it would be so. I know the case of a young lieutenant in Montreal who has bruised nerves and he is getting a massage at 11 o'clock at the Royal Victoria Hospital. That massage is completed about 11.15 and he goes out and has absolutely nothing to do for the rest of the day; he has to report nowhere, and all day he has not a thing at all to do. His job is open for him at Fort William I think. Besides, his employers have been paying him full salary ever since he has been away. He wants to go back to his job, but it is a question whether he can get the treatment he requires for his arm if he were to do so. The consequence is that at the present time he is loafing around Montreal.

Q. And does he get his lieutenant's pay?—A. He is getting his pay and is getting pay from his company and is also getting treatment.

Q. That is why I mentioned that special type of case. I am told there are 3,000 of those cases scattered all over the country and even as far as California, and it is costing the country many thousand dollars a year for these men?—A. There is one point why there is objection to discharging these men until their treatment is completed, and that is that the Department of Militia and Defence, of course, want to get men back for service if they can. That is why they keep them frequently so long in

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England. They think these men will be saved for service again, and that is why they keep a lot of men there. The ones that come back to Canada are those that are cases for long treatment. They are not discharged when they arrive here because quite a large number of them will, it is expected, be made eventually fit for further service.

By Mr. Nickle:

Q. As a matter of fact it is a rule that a man shall be kept under military discipline to see whether there is any probability of his recovery and becoming in a fit physical condition for further service?—A. I believe so.

By Mr. Sutherland:

Q. Has a man the right to come before a medical board at the end of every six months?—A. Not necessarily at the end of six months, a man goes before the medical board and frequently that medical board will say: "Disability, 50 per cent, decreasing," and the man will be given a pension in accordance with the disability which he has at that time. The board makes a prognosis, they say it is probable that in six months' time that man's disability will have decreased 30 per cent, or perhaps it may disappear altogether, and consequently they hold another board. We are trying now to make as many pensions as possible permanent and as quickly as possible, and that is the reason why we do not want to see any treatment cases put on to us at the beginning, right after they are discharged from the Military Forces. We prefer not to pay a pension then, because we know perfectly well that after their treatment they will be better and we shall just have to change the pension again.

Q. It seems quite reasonable to have these men examined again at the end of six months, because there is a reasonable assumption that they will have improved by treatment?—A. He may improve, or he may get worse. If a man is not likely to improve or to get worse, the pension is granted permanently; but if he is likely to improve or get worse, pensions are granted for varying period, for three months, or six months, or up to two years. Frequently, there is a bullet or a piece of shell in the man's leg, and the doctors do not want to touch it, they might want to touch it in a year or two years or again there may be such a condition as a piece of shrapnel working around and getting into a man's lung, in which case there would need to be a further examination.

By Mr. Nickle:

Q. The regulations provide that in each case a pension shall be subject to review at the end of a year or a certain stated period, do they not?—A. The Board of Pension Commissioners are just a little bit outside the law in that particular thing. We said that there was absolutely no object in waiting for a year before reviewing a man when we knew that he would be getting better or worse in six months, but on the other hand we saw no object in reviewing a man every year or every six months, when we know his condition is permanent.

Q. I think there should be some definite time at which a man's pension should become permanent?—A. Supposing we make some definite time when a man's pension shall become permanent. Let us say you have a man suffering from tuberculosis, and you make the time two years, and at the end of that time the disease is arrested and the man has practically nothing the matter with him, and gets perhaps a 20 per cent pension—then his pension is permanent. Then six months later he has a return of tuberculosis, you would be obliged to say: "You cannot pay the man a higher pension, because the pension he receives is permanent."

Q. Section 11 of the committee's report, which is section 10 of the first Order in Council, reads: "That a member of such force, on account of disability incurred on active service or aggravated thereby, be pensionable at the following rates for total disability." In section 12 of the present Order in Council, these words: "On account of disability incurred on active service or aggravated thereby" are left out?—A. If you will look at the Order in Council put through, following that report, you will find

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that the words "incurred on active service or aggravated thereby" were left out of the Order in Council of June 3, 1916.

Q. I think not?—A. I am sure. I have never seen the words "on active service or aggravated thereby" since I have been on the Board of Pensions.

Q. We took the position that when a man went overseas if he were injured in any way, except through his own negligence, he should be pensioned. Now, in this Order in Council, section 12, it reads: "In the case of disability, a disability pension shall be paid at the rates set forth," but it leaves out the words "incurred on active service or aggravated thereby." What we want to find out is how can the country be sure that the injury was received in the performance of active duty.

By Mr. Redman:

Q. Section 2 says: "In case a person is injured or incapacitated"?—A. Yes, in the Military service. Those words that you speak of, Mr. Nickle, are still in section 16, but never since I have been connected with the Pensions Board, have the words in section 12, "incurred on active service or aggravated thereby," been in the regulation; but the policy is the same.

By Mr. Nickle:

Q. Coming to another point in regard to the determination of disability, a good many claims are weekly made in reference to a central medical board. Everything at the present time is determined by a local medical board, who examine a man, and the local medical board finds a certain percentage of disability, and when the report of that board comes down here to your office, as a rule a reduction is made. Occasionally you do what is recommended by the local medical board, but as a rule there is a very radical reduction made from their recommendation. What is the policy with regard to the percentage of disability recommended?—A. With regard to the percentage of disability, it is a much better policy than the return sent by the medical board who examine a soldier should be subject to revision, for this reason there are three men on the board and different boards or individuals frequently have different ideas. For instance, with regard to nephritis, a condition of the kidneys, I believe, which, I understand, causes a certain amount of disability, the disability being mainly in the fact that the man cannot engage in certain occupations; he cannot do very hard work. We had two boards which gave exactly the same description of such a disability. One board recommended a 10 per cent disability, and the other board recommended 75 per cent disability for exactly the same thing. There was absolutely no difference at all between the two cases. The difference was all in the attitude of the different medical officers who examined the different men. We had perhaps 50 to 60 very similar cases, and from the examination of those cases we figured it out that that particular disability was only 20 per cent—I am not speaking of actual figures, but I am fairly near the mark. If we had said that we would not increase the 10 per cent recommendation, and we would not decrease the 75 per cent recommendation we should have had men suffering from exactly the same disability, the one getting a 75 per cent and the other getting a 10 per cent pension. In such cases we have absolutely to arrive at a determination by which all the men suffering from the same degree of disability will receive the same percentage of pension.

By Mr. Nesbitt:

Q. Do you not think that in some cases the local medical boards may have been influenced to some extent by sympathy?—A. I do not know how much the question of sympathy may enter into the calculation, but it is very possible that they would say that 5 or 10 per cent more is neither here or there. One member of the board may stand out and say: "I think this is a 30 per cent disability," and the other two may say they think it is only 25, but in such cases the other two are always going to give in to the higher amount.

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By Mr. Redman:

Q. Is there not a regulation forbidding the doctors on the local medical boards from giving to the man the percentage which they may determine upon?—A. Yes, on the forms which are given to the boards, it does stipulate that the members must not give information to anyone with respect to the percentage of disability, but we have had so much trouble about it that we have asked them now not to give the percentage of disability but to give a complete description of the disability. We have tables of disabilities which have been very carefully prepared. We are thus enabled from an accurate description to determine just about how much a particular disability is worth. That is the new system. The medical board which sees the man is now giving a complete description of the disability from which we are enabled to estimate the disability. The system has only been in operation about a month, and consequently we have not had an opportunity of seeing how many complaints there are going to be, but under the old system, there was a very large number of complaints, not entirely from the men, but more often from the doctors, who object to their estimates being reduced. The doctors are not supposed to tell the men the percentage of disability estimated, but very often they do, and the men come back on them when the percentage is reduced.

Q. It is too bad that the medical men who examine these men and who, all things being considered, should be best qualified and better able to settle the percentage of disability, cannot be allowed to settle it?—A. That would be quite possible if all the doctors who had to make recommendations with regard to pensions had come to Ottawa and understood thoroughly the whole principle of the thing. The trouble is that very few of them understand the underlying principle for the reason that very few of them have ever had any experience in real disability work, and in estimating the percentage of disability. I hope that we may be able some day to have these examinations made by Medical Boards composed of men who have experience in that particular kind of work. The ideal situation would be to have a board of say, about ten specialists who would see absolutely every man, and they would finally estimate his disability.

By Mr. Nickle:

Q. The trouble is that the medical men do not adequately describe the disability?—A. That is not always the trouble. They give an adequate description, generally, but when they are writing down the percentage of disability, they sometimes go astray, and the result is that the percentage returned is often larger or smaller than the description warrants.

Q. Was not the percentage system done away with by the recent Order?—A. Yes, but we are still talking about percentages. I have found in cases that have come before me that very often the medical man who makes the examination does not adequately report all the conditions. Very frequently in his report the medical man will describe only one of the conditions which actually exist. I had a case the other day where a medical man in his report described the wound as in a man's jaw. There was a wound in the jaw, but at the same time the man had a hole as big as a napkin ring behind the ear, which was not described in the report at all. We have asked the boards to lay stress upon the history and the conditions of each case, and I think we are getting better descriptions now than we ever got before, because in the old times they would give a description, and they would also put in the percentage; the description should justify the percentage of disability which they recommended, but as a matter of fact frequently it did not tally when the doctors at the head office compared the two.

By Mr. Sutherland:

Q. You said that the local boards varied in their estimate of disability from 10 to 75 per cent; would not the local Board that examined the man have a better conception of the percentage of disability of that man than the Board sitting here in Ottawa?—A. They would have a better conception of what the disability of the man

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was, but they would not know better how much a certain disability should really be estimated at.

Q. I realize that would be so in certain cases, but in the case where the nervous, physical condition of the man has to be determined, should not the medical man who examined him be in a much better position to determine the percentage of disability than a man who did not see him at all?—A. I quite understand your point, but we have many cases where there is an absolutely passive condition. A man may have a stone in his kidneys, for instance. He could walk around perfectly, but the disability consists in not being able to pursue certain occupations, and we give him 20 per cent because he cannot do pick and shovel work, although he can do other work which does not require so much energy.

Q. I have no doubt every member of the committee has had cases brought to his attention where the men have felt that they have been unjustly treated. I have a case in my own constituency at present where a man returned from overseas, underwent examination, and the medical man reported that the heart action was 104. He was nervous and trembling. He had been wounded, he was in the First Canadian Contingent, and when he got back here, he was discharged from the hospital, having improved very much. That man has a wife and family and you turned him off with a pension of \$2.50 a month, and this man is not really convalescent?—A. I know that case.

Q. It is not this case, alone, but there are a number of others?—A. In that case a medical board stated that during the time that he was in the hospital in Canada,—he had only been there a couple of weeks—he had improved very much, and they estimated his disability at 10 per cent for one month. Now, our doctors did not want to give him 10 per cent disability for a month, so we gave him 5 per cent disability for six months. The Board that discharged him, that actually saw him, gave him 10 per cent for one month, and then we gave him 5 per cent disability for six months. He may be worse now, and if so he would be entitled to another medical examination.

By Mr. Redman:

Q. Your view is that there should be a permanent medical board which could move around and inform Headquarters. Will you give us a recommendation for that sort of board?—A. Not being a medical man it is very difficult for me to give any recommendation, but I think there should be three boards, not sitting all the time, or naything like that, every member not sitting all the time, but each board composed of, say, a very good lung man, an orthopædist, and a heart man, all specialists. There should perhaps be ten men altogether who would form the board. If you had tubercular cases, secure a good lung specialist, if you had stiff knees or similar ailments, get an orthopædic specialist, if you had ear or eye cases, get a specialist in that line, or if it be heart trouble get a specialist in affections of the heart, so that the man would be seen by experts and his case disposed of and his pension estimated right there and then.

Q. Would this cause undue delay and needless expense?—A. To get specialists, I think in order to obtain the services of a lung specialist, and that sort of thing, you would have to pay a large sum of money, and especially in order to get them to re-examine a man you would have to pay still more, because the specialists do not care much for examining a man again after he has been discharged for six months or a year. They think by that time he has become a fixed case, and they would probably want to be paid a great deal more for re-examining a pensioner than they would charge for examining a soldier at discharge.

Q. How about delay?—A. There would not be any particular delay. The man would remain on the strength of course until we were able to bring him before one of these boards. Perhaps there might be ten boards sitting throughout the country, not, working more than two hours a day on that particular work of discharging men. There are probably less than 2,000 men a month to discharge at present, but eventually when all the men come back there may be 10,000 a month.

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By Mr. Ross:

Q. What is the principle followed in other countries? Take France and Britain, in regard to these medical boards, are they examined regularly?—A. I could not tell you, I would not like to risk telling you what principle is followed.

Q. Is it similar to ours?—A. I think it is partly similar, and partly not, but I would not risk telling you about it.

By Mr. Nickle:

Q. Under our system the pension is determined without reference to a man's previous occupation or earning capacity, and only in respect to his physical ability?—A. Yes, that is right, his physical fitness for employment in the general labour market. There is no doubt about it that the estimation of disability in accordance with capacity to do work is a cause of a great deal of discrimination between one class of persons and another class. At the same time there is a very large number of persons enlisted, who come within the caption of labour, although there are also many clerks and so on.

By Mr. Ross:

Q. In the case of a man who is unfitted to follow his usual occupation in his present condition, that man is taught some other vocation, he is fitted for something else?—A. Yes. Up till the time our Board was brought under the Civil Service Regulations, we made it a rule to employ returned soldiers only. That was the rule for a year and a half, except in very special cases, where we could not get returned soldiers to do the particular work that was required. Since the Commission was appointed we have employed 93 per cent of returned soldiers; we have a carpenter on the staff, he has, I think, a stiff leg and could not go back to his carpenter's bench, but he makes a very satisfactory book-keeper. I do not know whether he was given vocational training or not. He could have taken it in order to fit himself for a position.

By Mr. Nickle:

Q. Section 19 of Order in Council 1334 reads: "That no pension be paid when disability or death was occasioned by the negligence of the member of the Canadian expeditionary Force, to any person claiming, or on whose behalf a pension is claimed, unless the Commission otherwise consents." The amended regulation of last October reads: "No pension or allowance shall be paid to a member of the forces or any person dependent upon him when the disability or death in respect of which the claim is made was occasioned by the intemperance or improper conduct of such member, unless the Commission otherwise consents." What was the object of "intemperance or improper conduct" being inserted in the place of negligence?—A. The labour delegates said they did not like the word "negligence," in that Order in Council, and said they much preferred "intemperance or improper conduct," as that was what their rule called for. They did not see why the pension regulations should not be the same. We said it did not make any difference, that improper conduct or intemperance means more or less negligence, and we put those words in.

Q. It makes no difference in policy?—A. None at all.

Q. What is the policy of the commissioners at the present time with reference to injury resulting from a man's own actions?—A. The policy of the Board at the present time is to refuse pensions where disability is the result of disease brought on by a man's negligence or improper conduct. We have been refusing pensions frequently, or practically all the time, in those cases where disability was caused by a man's own action. In a few cases where we have considered there was aggravation caused by service, we have given perhaps 40 per cent pension. There was the case of a man in Toronto to whom we gave a pension at first because it was considered that his disease had been hastened by one year. We gave him a full-disability pension for one year in consideration of that fact. When the year ended there were so many complaints about cutting it off that we gave him a 40 per cent pension.

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Q. Take the case of a man who was affected by a disease and ten or twelve years ago made a reasonable recovery, and was apparently cured, and then by reason of exposure and malnutrition while on service the manifestations returned, would you consider that as a disability entitling him to a pension?—A. No, we should not.

Q. How do you justify that position?—A. You would have to ask the medical men how it is justified. But I understand that the disease from which that man suffered nearly always goes straight ahead. The disease is sure at some time or other to show itself.

Q. I have had a number of cases brought to my attention and a great many men have spoken to me in regard to this matter. This disease is to an extent controllable, and if a man had it there might not be anything to indicate its presence. It has become latent, and it is quite possible to complete the normal life without its disclosing itself. But because of malnutrition, exposure, or anything that overtakes him, it may become active and many men show tertiary manifestations under those circumstances. In a good many cases men have enlisted not knowing that there were the latent forms of the disease present, they have gone to the front and have broken down, the tertiary manifestations have disclosed themselves, and the men have been refused pensions, with the result that the dependents upon them have been placed in very difficult circumstances. The man who has left home in good health apparently has come back a total wreck. If he had never enlisted he might have lived the normal life. I think in that case he is entitled to consideration, and I wanted to get from Mr. Archibald for the record what the policy is with regard to the men who had disease prior to enlistment under the circumstances I have related?—A. The policy is to grant a very small pension in consideration of possible aggravation or to grant no pension at all.

Q. What is your suggestion as to how a man's wife and family should be kept in such cases?—A. I do not think it is reasonable they should be kept at the expense of the Federal Government if the Federal Government did not cause the man's disability.

Q. Assuming that it would never have occurred if he had not gone to the front, what then?—A. If the service did cause the disability, then we must look after the man.

Q. Even if this particular disease were at the root of it?—A. Yes.

Q. Assuming that the man did not have the disease before he went overseas, and came back a total wreck, would you consider that improper conduct?—A. That is clearly improper conduct, and we are continually refusing pensions to men suffering from disease of that nature when acquired in England or elsewhere.

Q. Assuming that if there had been proper treatment given him after the contraction of the disease it would have cured him, but that he was unable to get it, on account of war conditions, what would you say then?—A. The mere fact that you are unable to give a man treatment has nothing to do with it; he has been guilty of improper conduct, and when that is the case there should not be any pension, no matter what the subsequent result might be.

By Mr. Nesbitt:

Q. But in all cases of sickness, treatment is given the man?—A. The men are always given treatment in case of sickness. There are a great many differences of opinion even among medical men on this question.

By Mr. Nickle:

Q. May there not be cases where men have contracted disease without any contributory action on their own part?—A. There may be a few cases. We had a case the other day where we pensioned a man for the loss of an eye; he was sleeping with a man who had a disease, which he knew nothing of. He got some germs into his eye, and as a consequence he lost the eye. We pensioned him for the loss of the eye, but it was not his fault, he was not guilty of any improper conduct.

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Q. Now, in regard to dependents, they only get a pension when they are wholly or mainly dependent upon the principle that that dependency must have existed at the time the man enlisted?—A. No, at the time he died.

Q. At the time the disability occurred?—A. At the time he died, the disability was his death; a widowed mother cannot get a pension till his death.

Q. Supposing a man went overseas, and at the time he went overseas, he supported his mother, would she get a pension?—A. Yes. If he assigned her his pay and she got separation allowance, she would get the pension.

Q. What determines the "wholly or mainly dependent"?—A. We take each case up separately and consider it. A woman has perhaps \$40 in assigned pay and separation allowance, and she has also \$50 a month from a private income of her own; we would not grant her a pension because we would say that she was not mainly dependent upon her son, whereas if she had an income of only \$25 per month, we would say she was mainly dependent.

By Mr. Nesbitt:

Q. Supposing she had assigned pay, and she was refused the separation allowance and she had no income at all, and was dependent on her daughter?—A. If she were dependent upon her daughter, we would not give her a pension.

By Mr. Redman:

Q. I have met this case very often, and I think it is quite unfair. Take the case of two women, one keeps a boarding-house and is thrifty and has no other income at the time of his death, the other did nothing at all and had no income, and the woman who did nothing would get a pension, the other who was thrifty would get nothing at all?—A. We have heard this same argument by members of the House about thrift, but it is exactly what has been going on ever since Adam and Eve. Somebody has to keep those that are not thrifty, and there are many like them. The woman who does not need a pension, because she does something for herself, does not get it.

Q. And the other who does not do anything does get it?—A. She does get it. She has to be supported some way, and if she does not get the pension—

By Mr. Ross:

Q. She would work?—A. Supposing she could not work?

Q. If she is too lazy to work why should she be kept in laziness?—A. That is what they say in France where they do not give a widowed mother a pension at all until she is sixty years of age or incapacitated. The Government there says to the widowed mother: "Until you are 60 years of age you have to work, after that you get a pension." But if we did that in Canada, if we said to the mothers, we have had them all the way from 30 years upwards, widowed mothers applying for pensions, if we said to some of the women who are accustomed to being supported by their husbands: "You are only 45 years of age, you will have to work until you are 60," there would be an uproar.

By Mr. Nickle:

Q. Is there not an anomaly existing to-day. Here is a boy earning \$1,200 or \$1,500 a year, who goes overseas, and his widowed mother says she is wholly or mainly depending on him, and gets a pension?—A. Yes.

Q. And here is another boy living with his mother, and is earning \$2.50 a day, his mother is keeping a boarding house, and that boy goes overseas and gets killed, and his mother gets no pension because she was not wholly or mainly depending on him?—A. Yes.

MR. NICKLE:—I do not think that is fair.

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By Mr. Ross:

Q. Here is the case of a woman with a 50-acre farm, her boy goes to the front and says to her: "Hire somebody to work that farm," and because she has that farm she does not get a separation allowance, and if the boy is killed she does not get a pension?—**A.** She might get a pension provided she does not make more money out of the farm than the boy sent her; if she is making more money off the farm than the boy sent her she would not get a pension. Supposing the boy who had worked the farm sends home \$20, assigned pay to pay the hired man who takes his place, who has to get board of course as well, and that man works the farm as the boy did before he went, that mother is provided for. I suppose we would give a pension in a case where the profit which the mother got was not the same as she got before the son went away, and it was not sufficient to support her. We have had lots of cases where two sons were working a farm and where one went away leaving his brother to work it. If the one that stays at home works the farm and makes it produce very nearly as much as before the brother went away, and especially if he produces enough to support himself and his mother, then the mother is not entitled to a pension on account of her son being called overseas because the son that is called out is not her main support.

Witness retired.

MR. N. F. R. KNIGHT:—Mr. Chairman and Gentlemen, I appear before the committee, representing the soldiers' viewpoint altogether. We look upon pensions in the strict sense of compensation. It is true there is a great deal of talk going on today in Canada to the effect that the soldier can never be compensated for what he has done; we take that for granted. A great many men who have come back know what it is: the man who has been overseas never knows what it is to have confidence in his own ability to attempt things as he did before he went. I know that it is, when you know from day to day that you never will be well again no matter how hard you may try to get well. Now, there is no such thing as compensation, yet there is in all the provinces a compensation law under which a man who receives injury in the service of the State is compensated for that injury. Under those laws the basic principle has been established that all those who do incur injury in the public service to the State would in some way or other be compensated by the State. If that be the case, that has not been done. I have come into touch with several hundred cases, and had complaints and claims every day in my office from returned soldiers, I know something about them, but I am not going to give them, because, speaking generally, I am pretty well satisfied with the attention the departments have given us in our work, and I want to say that we have been most cordially treated. But there are things that are wrong, many things that are wrong. One of them is that when a man enlists he has to undergo examination; he has to pass a medical examination before attestation. Then when he is in camp he has periodical medical examinations; as soon as he goes overseas he has other examinations, and in all those examinations not one atom of disease was detected in the man's constitution, yet when that man incurs injury a medical board will say that he is not entitled to a pension because he was diseased before he enlisted. You have been talking this morning about venereal diseases; well, if you know what it is to have to sleep in dirty villages at the front where the people are not cleanly in their habits, some of them even do not get up at night in case of necessity, you can easily understand that men who find themselves in those surroundings can easily catch any disease in those dirty billets without any improper conduct on their part, and men have caught disease in that way. If the consideration which he should have is to be given to the soldier, some of those men who now have to deal with the matter, will have to come down a little from their high perches, before they sit down in judgment on the question of the soldier's disability. The first thing that a soldier after he has been months and months in the hospital, has to do is to go before a medical board.

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By Mr. Nickle:

Q. Your contention is, I understand, that these men have been examined by various Medical Boards before and after enlistment and if there is disease present it has not been detected?—A. Yes, these men have been examined many times and nothing is found wrong with them. After being under the supervision of medical men representing the Government for many months, during which nothing has been developed by which the medical man can detect disability or disease in the soldier. When it comes to a question, months or years afterwards, as to the man's right to a pension, that man ought to be assumed to have been fit when he enlisted, and not as at the present time in at least ten per cent of the cases, have the man told by the Pension Board that his disability was the result of pre-enlistment causes. The Government is responsible for the appointment of these medical boards, and if these boards are efficient and do their duty, that man must have been fit when he was passed by them. We read recently that the Government were sending back 20,000 men from overseas because it has been found that they are unfit; if they are unfit they should never have been sent overseas. In the recruiting campaign in this country which was carried on for months and months, we went upon platforms all over the country, and part of our plan was to convince the men who had not enlisted that they were cowards and not as good as other men who had enlisted; in that way we were able to get a lot of men to come forward, and I know that during that campaign the members of the medical board who examined these recruits were paid a certain amount for each man they examined, and I am satisfied they passed a lot of men who ought never to have gone across. Now, after the man has been in hospital in England that man comes before the medical board and almost the first question he is asked is: "How do you feel?" Now, that man has been fed up in hospital, and after being there for months, the controlling desire of that man's heart is to get home, and when he is asked that question he immediately replies: "I feel fine, sir." In his anxiety to get home he is enthusiastic as to his condition and strength, and gives the medical board the impression that he has got all right again. Upon that man's statement given in this way the medical sheet is made out. Now, I contend that before the man is allowed to say anything he should be cautioned, and that these medical boards should not take the man's statement, but should give him a thorough examination because it is only natural to suppose that after having been fed up in hospital for a long period, the man feels stronger and better than he may really be; he may appear to be all right and there is apparently nothing wrong with him at that time, but I think that the report of the medical officers before whom he appears in England, made under the circumstances I have described, should not be taken by the board here, as final, as I suppose—I do not know officially that such is the case, but it seems to me that is what would be done, because the information has come to me time and time again that the medical advisers of this board here in Canada looking at the report from the English board, say, when the question comes before them as to the degree of disability which the man has suffered: "The man was all right four months ago, when he was examined in England, how can he be 60 per cent disabled now! I have known cases where the Board of Pension Commissioners have taken that stand, and I know too that those men are getting smaller pensions and that they are not getting compensated according to the disability they have suffered. Some of these men who were getting very small pensions cannot work and if they went to any business man for a job, those business men would find that it did not pay to hire them. I know men that are getting pensions of \$10 a month that are not worth that to anybody, these men cannot work, and they have incurred that disability through their service. We have had in the city of Ottawa nine men who died within the past few months, and some of them were not in receipt of pensions, yet they all died through disabilities caused by injuries received in the service. I do not believe you can be too careful in regard to granting pensions, but I think that some reliance should be placed upon the reports of these local medical

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boards which are composed of reputable professional men who know their business and who are often the seniors, professionally, to the men on the medical board, men of twenty or thirty years' standing in the community; these men make an estimate of the degree of disability, but it is reduced when it comes before the Pension Board. You cannot, gentlemen, say that is reasonable, and I get more complaints about that from all over the country, than from anything else. Another case which I desire to bring to your attention is that of a young man who is in the employ of the Government and who, because he gets a salary, gets no pension now; six months ago he got a pension of \$42, but now he gets nothing, they simply cut him off; why did they cut him off? Is it because he got a raise of salary from the Government? They say they do not do that, but this is an actual occurrence. The case of Mrs. Thompson of Fredericton has already been brought up by Mr. Archibald. Mrs. Thompson's son was killed at the front, perhaps Mr. Archibald does not know that the bank notified her that her services would not be required at the end of the year. When the case was brought by me to the attention of the Pension Board, Mrs. Thompson had received such a letter from the bank and was anticipating being laid off at the end of the year, but fortunately some other men interested themselves in her case and the bank manager kept her on. That woman is in very poor health, and is really unfit to work, and if the bank keeps her on, it is not because she is able to do the work, but only from sympathy. Mrs. Thompson is not well, and if any woman in the country is entitled to consideration it is she.

By Mr. Cronyn:

Q. I understand the trouble is that under the law she could not get a pension?—

A. As a matter of fact, Thompson never contributed one single dollar to his mother from the time his father died; she put him through the academy, and through the law school, and he was ready to begin the practice of his profession when he went to the front. This is a case of prospective dependency. There is another case, that of Richardson who went overseas and left a wife and three children; after he had been away a year, his wife died, and in the absence of the father the only thing that could be done was for the sister to take charge of the three children. She already had an old mother to keep, and in order to be able to look after the children she had to leave her position as stenographer in a law office. Six months after the death of his wife Richardson was killed. That leaves these three little children fatherless and motherless, and I think they should be cared for as wards of the State. It is far better for the sister of the father to care for these children, rather than they should be brought up by strangers, yet that woman gets no allowance whatsoever. She has only a meagre allowance upon which to keep the children, she gets \$48, and she cannot carry on the responsibility of the care of her old mother and those three children on that sum. Now, if the wife had lived she would have received a wife's pension and also the allowance for the children as well, and I do not see why in a case like that, where the sister has really become the foster mother, she should not get the full amount of the pension which the mother would have got in order to bring up these children in decency and comfort.

By the Chairman:

Q. You think in such a case as you have mentioned, the dependents should be entitled to the same pension as the mother would have received?—A. Yes, for this reason, if the children are put into homes they will in all probability in the course of time be adopted out, and those children grow up in ignorance of their father and mother, and they will never know what they lost when their father and mother died or that their father died for his country. I do not think it is right. I do not believe that these children should go out among strangers, or be placed in institutions. The Salvation Army has adopted several children in the same way, but those children will never know when they grow up who their father was.

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By Mr. Ross:

Q. Supposing the wife had lived, she would have received \$180 for herself and \$8 a month for each child and you think the sister should get the same?—A. If the responsibility of these children necessitates that the sister should give up her position and the income from it, she should get it, because that becomes her work.

Q. That is a special case?—A. It should not be considered as a special case; there should be some provision made to meet such cases for the reason that they exclude it now by saying, "There is no regulation covering that case." You can get it through if you can get some Minister to bring in an Order in Council providing for it. The question is, has the Pension Board the right to go outside the letter of the regulation?

Mr. ARCHIBALD: No, they have not.

WITNESS: In such cases as that there should be somebody who has the right to say, "You cannot keep your old mother and yourself and three children on \$48, it cannot be done." It is not necessary that the amount paid to the sister should be the amount paid to the wife, but it should be an amount which at least would enable her to keep the whole family in proper decency and comfort. The greater majority of the men who have returned to this country are not so anxious to get pensions; we have no desire to cheat the Government, but what we do want is a chance to be reinstated back into civil life at least on a basis as comfortable as we left when we went to serve the country.

The CHAIRMAN: That will be, of course, on the basis that if a man were in a good position and earning a good income it is necessary to put him in the same position and give him the same earning as before he left?—A. A maximum should be put on that; we do not want to be unreasonable at all, but we do think that a maximum should be fixed, so that a man may be assured that he will be able to live comfortably. Some people think that some of us were profiteers. We are not that at all; we want to get back into civil life; we are not interested so much in pensions except for the benefit of the men who come back disabled and who have to be provided for.

By Mr. Nickle:

Q. Provided there were two men, before the war, one earning \$1,000 and the other \$2,000; in that case would you give the man earning \$2,000 more than the other?—A. He ought to be given the same chance exactly as the other to make the same money by the same occupation, if there is room for him in it. I think every large industry ought to be made as its part towards the upkeep of the State to take these men into their service and train them. That has not come in Canada as yet, but it will come.

Q. My question was, whether you would give these men the same?—A. Not at all. I would give these men what their work was worth in the community, not the same, but I would give them a chance to train themselves so as to get a decent job. There is a great deal of talk about giving the returned soldiers jobs. Now, at the present time \$11.60 per month is all that some are getting in the service of the Government, but that is not sufficient to buy them enough food to keep them in good health. I do not think that the earning power of the man before the war should be taken, but I do think that they should inquire into a man's circumstances before he entered the service, and if they found that the man in the occupation he was in before the war was not able to earn a living commensurate with the present living costs, they ought to aid that man to raise himself up again.

By Mr. Cronyn:

Q. Is there not a great gulf between the basis upon which we are working and the basis which you are proposing? As I understand the basis of the present pension, it is a compensation to be awarded to the man having regard to his disability in the open market for labour, without regard at all to what that man might have earned in any prior occupation. Is it not just as well that we consider this a departure from

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that basis?—A. That is just what I am trying to get at, I am trying to bring it down to that basis. According to the Labour Bureau, \$1,200 is the least that a man with two children can live on at the present time. The present total disability allowance is not enough; we object to that; it is not high enough. And in some cases the pension has been cut down, without consideration of the man's ability to go to the work at which he was formerly employed. Lots of men want to go back to their old work, but they are unable to do so.

By the Chairman:

Q. The present cost of living is probably high, but after the war there will be a readjustment. The pension might be sufficient under normal conditions, whereas it may be insufficient at the present time?—A. If you take the case of the United States, where the prices were just as high at the time of the Civil War, and after the Civil War, the pensions were increased, and they have never been reduced. For that reason we would rather have it continue as it is now, under Order in Council, than have the pensions fixed by a Pensions Act, so that at any time the existing conditions can be taken into consideration. I believe myself that we ought to take something more than a man's physical ability when deciding the amount of his pension.

By Mr. Nickle:

Q. Supposing that two men were injured, one man was a watchmaker and the other a carpenter. Would you give a different pension to the watchmaker than the one you gave to the carpenter?—A. If that watchmaker needs a higher pension, he certainly is entitled to it.

Q. You would take into consideration the relations of their occupation?—A. Yes; we realize, however, that there will be different conditions, and that you should be able to adjust yourself to meet those conditions. There is another thing about the medical board, the boys have frequently said to me by men who have been examined for pensions by private practitioners, who are busy men, that those boards have never had a man's clothes off to examine him thoroughly, as he ought to be when determining so important a matter as the extent of his disability and the amount of pension he should receive. I think that there ought to be a central medical board in each district, it would be better even, if it cost money, to pay for it. That Board should be in the centre of each Military District, where a man could go and have all these things settled, and not have to depend upon every doctor, you do not know whether he is a reliable man or not. You go to two doctors when you are sick, and one will tell you one thing and another, another. I have had that experience myself, and that is why I say that there ought to be reliable medical men appointed in each Military District to whom a man could go to be examined. That would do away with a great deal of the dissatisfaction which now exists, and you would not have a great big bunch of medical moguls sitting here in Ottawa and saying they would not give a man the pension for which he is recommended. I have always tried to respect my officers and I have found that they were pretty good men, but I do say this, however, that sometimes in the case of officers being examined by boards, I am afraid justice goes astray, especially in some recent cases that have come up in Ottawa. We have brought men up with heart disease; I have a case in mind of a man who before enlistment was examined by the medical officer of a Scottish company for insurance, and he was given insurance for £400, after examination by the medical representatives of that company. Upon his return here after service he came up for examination for pension, and they said he had heart disease before he enlisted. Now there is a good deal of feeling among the returned soldiers about it. A man who could work at his arduous occupation so as to be in receipt of a salary of \$5,000 a year is not totally disabled, no matter what construction can be put upon it; I cannot see it that way at all, neither can other returned soldiers. The man I am talking about is a man named Muxworthy, who was not classed as disabled by the Scottish Insurance Company, just before he enlisted he took out a policy for

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\$2,000 in this country, and he could not have had heart disease, or the company would not have taken the risk. When he came back here and was examined by the doctors for a pension, he was told by them that he had heart disease when he enlisted. This man had never had any heart trouble before, and there are a good many others like him. I do not like to be nasty, or anything like that, but there is no doubt that in some cases some men who have received injuries have been favoured, and others who have no friends have not got anything.

By Hon. Mr. McCurdy:

Q. What pension did Muxworthy get?—A. He is receiving \$10 per month, and he is in a pretty bad condition, he is in bed most of the time.

By Mr. Nickle:

Q. He can appeal and be re-examined.—A. Yes, the Pension Board have sent a paper to be filled in, and if the appeal is sustained later the medical board of the Pensions Commission will pay the fee, but if not, the man has to pay it.

Q. There is a clause to this effect, that there shall be no appeal from the decisions of the Commission, but every applicant for a pension may present his case either personally or by counsel to the whole Commission sitting for the purpose of hearing the complaints of those who may have been dissatisfied with the decision in the ordinary course of administration?—A. The average soldier could not afford counsel; that regulation might just as well not be there at all, so that the only relief we have is to bring it to the attention of the Board of Pension Commissioners, and point out the circumstances, and trust to their judgment. In some cases we have been very well satisfied with their judgment, and in other cases we have not.

Q. In a case where favoritism appears to be shown, what would you suggest to overcome that?—A. I think that ought to be left to responsible medical men, and that the Minister who is responsible for that Department must be charged with the responsibility for what is done, so that if we have to appeal to the Board of Pension Commissioners, we can, as well, refer to the head of the Department, and the Minister might order that man to be examined.

Q. If the Minister is not satisfied that justice is being done, he can order an independent board?—A. Yes, and he can order the Pension Commissioners to revise their report. Now with regard to that medical board that takes place overseas, the suggestion is made that a sign be exhibited in every board-room where the medical boards are examining, similar to that card on the wall there (indicating large placard), it should be placed upon the wall, and the Returned Soldier before examination instructed to read that card. That card should contain instructions to the soldier that he is to tell the medical board the truth about his condition, and that if there is anything wrong with him he must say something about it. In other words, if the man is anxious to get home, he is liable to let his enthusiasm get the better of his judgment, and the importance of informing the board of the real facts as to his condition, should be impressed upon him. We have had men die on the way across, just because of that; at the present time there is nobody overseas to caution them in that regard.

By Hon. Mr. McCurdy:

Q. You want him to be cautioned the same as you do a witness who is going to make a confession?—A. Yes, he should know just exactly what the result will be if he conceals any facts about himself. There is another matter that has been agitated too, lately, and has caused a great deal of excitement, and that is the question of the equality of pension. That matter has been brought up already in Ottawa, and there is quite a little agitation on it.

Q. Do you approve of that suggestion?—A. That is the view that I am instructed to represent to the committee here, equality of pensions. I have repeatedly pointed out—

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Q. Are you still secretary of the Great War Veterans Association?—A. I will be, sir, till the 30th of next month.

By Mr. Nesbitt:

Q. When you say "equality," you mean equality of amount?—A. As to rank. Under the present system you have a different scale of pension for officers and men, and under the other scheme, you would have a maximum and a minimum for all according to the degree of disability. In regard to this question of equality of pensions, it is felt by the men that—I may illustrate their views by describing a cartoon in *Jack Canuck*, a week or so ago, of which I am reminded, where Mr. Nickle was exhibited in front of Flavelle and as telling that gentleman that he was as good as any knowall that ever lived. The man in the ranks feels that his service was just as self-sacrificing as that of any of the officers. For instance, take the officers overseas, some of them never earned a dollar in their life, "Dad" kept them from the time they were born, but they are officers, and good officers, full of pluck and skill, but there are men in the ranks who made thousands of dollars before they went over. There is no reason why an officer should get more pension than any other man. I have pointed out that the Government made certain promises in the first place, certain posters were posted up to induce officers to go, and it was explained that if the officer was wholly incapacitated so much pension would be given to him. That might stand in the way, but from what I have known of officers, particularly Canadian officers that I have met they are just as favourable to equality of pensions as the man in the ranks. Major Redman, who is here, is one of the advocates of that proposition.

By Hon. Mr. McCurdy:

Q. On what basis do you propose equality?—A. That one shall receive just the same as the other, that there be one pension for all ranks.

Q. On what scale?—A. That the pensions be related to the service to the State, and that there be no difference in the quality of the service.

Q. I quite understand that no officer would object to that if the scale were the scale under which he entered the service, but do you mean to tell me that he is favourable if it is on a different scale. I only want to get the information?—A. From what I know of the officers in Canada, there are many officers who feel they should not be drawing more pension for disability they have incurred than the man in the ranks draws, because the officers know that the men sacrifice and suffer just as much as he, and the Canadian officers do not, I think, believe in capitalizing any services they may render any more than the men in the ranks.

By Mr. Nesbitt:

Q. Leaving aside the officers' opinions, let us know what you think of the responsibility of the officer in the fighting line as against the man in the ranks?—A. In this war the old idea of one man being worth more than another is being wiped away. As a matter of fact, the officer has perhaps more important responsibilities to shoulder than the men, but he does not go to make money out of it. I admit that the officer's responsibility is more serious. at the same time, the danger of the man in the ranks is greater than that of the officer. The point I want to make is this that the men who come to me do not see why one man should benefit more because of his injury than the other man does.

By Mr. Redman:

Q. Your idea is that no attention whatever should be paid to his previous occupation?—A. I do not think you understand what I mean yet. I believe that the man's pre-war occupation should be taken into account. Supposing a man has a good education and he goes at work that pays better than the labouring man, he is entitled to the benefit of that, but what I wanted is to give the labouring man a chance and

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consequently I say that his circumstances ought to be considered in awarding a pension in each individual case. For instance, they give a labouring man, who has no chance to work when he cannot use his arm at all, the same pension as they give perhaps to a man who has his left arm off, but who makes a living at the desk. What I want is to take the previous circumstances of each pensioner's life into account and find out what he requires in order to enable him to keep himself decently.

By Mr. Cronyn:

Q. Is that workable over a big country containing thousands of cases?—A. You would save enough in some cases to pay the others.

Q. There will be continuous dissatisfaction under that system.—A. I do not see why, when they can work it out in England. Suppose there is a case of hardship, and we will say that it is a labourer who can never learn to be a clerk, and this poor fellow is not getting enough to live on because of the settled scale they have for awarding pensions, if the Board has power to consider that man's needs, and so augment the pension he would have a chance to get back into civil life on some basis that he could get a living. The worst thing that could happen to this country would be to have a lot of returned soldiers who cannot get enough to eat, because just as soon as that is the case, there will be trouble. We are having hard times to get along now, and I think we ought to attempt to regulate all our actions with regard to pensions with some degree of mercy. Now, in relation to the Imperial pensions, I was in a restaurant the other day, I wrote to the Hon. Mr. McCurdy about it, and a poor fellow came in there with his face all distorted, all out of shape, he cannot talk plainly and his body all trembling. This man enlisted in Canada in the Strathcona Horse, he went to South Africa, and got a bullet that went through the abdomen and came out through the thigh; he sits usually down by the cabman's shelter, and begs what he can to live on. He came into the restaurant on Sparks Street to try and eat, and I watched him making the effort to eat with a spoon, but he could not get the food into his mouth at all. I wrote to Major Stockdale and asked him what pension this man was getting, and he told me that until six months ago he was in receipt of one shilling a week, and now he is getting two shillings. We took up a collection, and now have enough money to keep him for some time. This man is a Canadian, but the Imperial Government are responsible for the soldiers who went to South Africa. We have lots of women in this country whose husbands were reservists, and who went with the First Canadian Expeditionary Force, and their widows are not receiving pensions anything like the pensions that Canadian widows are receiving. Those women are bringing up their children in this country, and are useful citizens, and it is the opinion of the Canadian Great War Veterans Association that the Canadian Government ought to consider the question of taking steps to bring the Imperial Pension paid to these widows, and to men like the one to which I have just referred, up to an equality with the Canadian pension. These people are good citizens, some of them have lived a good many years in this country before going on service.

Hon. Mr. McCURDY: That question was referred to the Pension Board, I understand, and perhaps you will have something to say on that later, Mr. Archibald.

By the Chairman:

Q. Do you limit your suggestion to the English reservists, or do you extend it to the reservists of other countries who are living in Canada?—A. We are not likely to be up against it in respect to the reservists of other countries, or the proportion will be very small, that have established homes in Canada for the reason that those who went over will probably be retained in their own country after the war till their country is rehabilitated, and probably will settle down there.

Q. There are a number of Italians, I understand, who went back to rejoin the colours. I just wanted to get your suggestion upon that point?—A. You will find that a great many of them will remain in their own country after the war.

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By Mr. Cronyn:

Q. You would extend it to the case of Canadians who enlisted in the various Imperial corps that were recruited here; Canadians went over under Canadian rates of pay, and in case they are killed, their widows are entitled only to the Imperial rates of pension?—A. I think they ought to receive it, somebody has to bear the burden.

Q. You agree that the dependents of all soldiers of the Allied forces who live in Canada should be paid on the same basis as the Canadian expeditionary forces?—A. Yes, they are fighting for Canada.

By Mr. Nickle:

Q. That is only so long as they continue to live in Canada?—A. Only so long as they continue to live in Canada. There is one other question, and that is a matter of administration. I have had a great deal to do in connection with a man who went in with a cheque that he stated was given to him by the Returned Soldiers' Association in Cambria, in Saskatchewan, for \$150. He cashed the cheque for \$150, and when the firm sent it in they found out that there is no such association at all in Saskatchewan. They know where the fellow is, and this firm is going to prosecute him. The man is a cripple and it means that if he is prosecuted he will probably get five years for it in a penitentiary. It will do no good to send a cripple to the penitentiary. Under the present arrangement this man is in receipt of a pension which was not enough for him to live on, and he tried to augment it by selling insurance. I was just trying to see if something could not be done, if arrangements could not be made in a case of that kind, whereby the pension could be attached, not for debt, but for fraud, in order to keep the man out of penitentiary. We have had quite a number of cases where board-mistresses have complained that men have skipped their board, sometimes for sums as large as \$50 or \$60, and we feel that a man like that is not entitled to much consideration at all.

By the Chairman:

Q. You think the law should be made so that the soldier's pension could be attached for living or board expenses, which he fails to pay?—A. I know this much that many of these boarding-house women are dependents of soldiers and they cannot afford to lose it.

Q. I did not know whether or not your suggestion was that we should do that?—A. I have had women coming to me and say, "I have trusted this fellow, he owes me \$50 and cannot pay it; I owe a grocery bill and I cannot afford to lose it." Now these men have pensions, and it is just a problem that some provision should be made by which I can keep that fellow, Muir, from going to the penitentiary, if some provision can be made by which we could give an assurance that he would pay it.

By Mr. Nesbitt:

Q. You want that pension assigned to you, till he pays the debt which is due?—A. I think in a case like that where it is clear fraud and robbery that the Pension Board ought to be empowered when it can be proven beyond all matter of doubt, to pay the money over.

By Mr. Nickle:

Q. What you are really arguing for is the compounding of a felony. If the Government is going to advance the money to save him from going to penitentiary, why should it be a crime on the part of an individual to do the same thing? It would be a most pernicious act?—A. What I want to get at is that there are a lot of fellows going around and giving the returned soldiers a bad name just through that very thing. I had the case of an officer who would not support his family. I got him up in my office, and the separation allowance people sent the cheque to me and I saw

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that the family got that cheque. Could not an arrangement be perfected some way or other between our branches and the department so that in a case like that we could treat with the men. I thought perhaps that provision might be made in the new Bill that would safeguard it, but the returned soldiers are being hurt in the opinions of the general public by the fact of men who are returned soldiers committing fraud; we are quite fed up with it.

By Hon. Mr. McCurdy:

Q. Your idea is that the Militia Department would take up such cases where officers and men contract bills with boarding-house keepers, and go away without meeting them. How can they meet that difficulty?—A. I know lots of people were taken in that way, and have not got a cent up to the present day. But I do not say that of all Canadian officers and men, they are not a bunch of rogues, but that is what a good many people say about the returned soldiers. There have been a good many who have skipped their bills. We are up against that problem; there are men who commit fraud, and just because a man is a returned soldier when he comes up in court the judge usually immediately turns him loose, or he will get thirty days. That does not mean anything, where we could perhaps take hold of that man and straighten him up.

Q. Have you any suggestion to put forward?—A. I think if we could get that man's pension cheque in a case like that, we could induce him to pay up. He would have to endorse the cheque, and we have branches all over Canada, and some branches are being started in the United States now and we might perhaps arrange with him so that he would come over on his cheque and pay off a widow to whom he owes money for board. I just want you to think about it, because this has become a very serious matter.

Witness retired.

The committee adjourned.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, Room 318.

THURSDAY, April 25, 1918.

The committee met at 11 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present.—Messieurs Cronyn, Green, Nesbitt, Nickle, McCurdy, Power, Parent, Redman, Rowell, Ross, Sutherland and Pardee.—12.

In attendance.—Major G. W. Andrews, M.P., Sgt. H. A. Jarvis, Capt. C. G. Conger, Col. I. H. Cameron, M.D., Lt. Col. D. McGillivray, M.D., Lt. Col. C. M. Ingall, Major A. Aumond, Major J. W. Margeson, Mr. George Ussher Stiff, Mr. T. O. Cox, Mr. Kenneth Archibald and Mr. E. H. Scammell.

The minutes of proceedings of the previous meeting were read and adopted.

The committee proceeded to hear the evidence of Sgt. Jarvis of the Army and Navy Veterans' Association, Col. Cameron and Lt. Col. McGillivray of the Board of Consultants, Department of Militia, Capt. Conger of the Post Discharge Pay Branch of the Militia Paymaster-General's office and Major Andrews who appeared at the request of the Committee.

Captain Conger was requested to prepare a statement respecting the recovery of overpayments, etc., said statement to be incorporated in his evidence.

The clerk of the committee was instructed to request the attendance of Mr. Edward R. R. Mills of the Soldiers' Estates Branch, Militia Department, and Col. C. W. Belton, Medical Adviser of the Board of Pensions.

The committee then adjourned until Friday, April 26, at 10.30 o'clock, a.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

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MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,
COMMITTEE ROOM 318,
THURSDAY, April 25, 1918.

The special committee appointed to consider and report upon the Pension Board, the Pension Regulations, etc., met at 11 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

The CHAIRMAN: Yesterday we were in the course of hearing Mr. Archibald's statement, which was interrupted in order that we might hear from Mr. Knight. Is it the desire of the committee that Mr. Archibald should resume and allow members of the committee to ask him any further questions that they desire? Perhaps before Mr. Archibald resumes we might hear from the Army and Navy Veterans.

Sergt. HERBERT A. JARVIS, representing the Army and Navy Veterans, appeared at the request of the committee. He said: Mr. Chairman and Gentlemen,—There is a great amount of dissatisfaction between the ranks regarding pensions. I think you will all admit that, because this committee has been appointed. I think they can be classed under four heads. The first is the discrimination between the officers and the ranks; the second is inadequate pensions; the third is having pensions reduced without reason or without the man being notified; the fourth is receiving no pensions at all.

In the first case an officer is, as a rule, granted a pension. An officer appears in front of a medical board and his statement is taken as true; a man appears in front of the medical board, and his statement is always treated as untrue or as a malingerer until he can prove otherwise, except in the case of an open wound, the loss of an arm, an eye, a foot or leg. If it is a complaint such as tubercular, myalgia, deafness, nephritis and other diseases along that line he is treated with a certain amount of—I will not say as a malingerer, but he is not accorded the same hearing as an officer would be. There is a case I have in mind of a man serving eighteen months in France, returning suffering from valvular disease of the heart, and he was granted five dollars a month as pension. In the case of an officer who returned from France after serving one month in France, I understand four days in the trenches, he received a 100 per cent disability pension, but it proves he is not disabled, because he is in a position now to earn a salary of \$5,000 a year. I do not know what salary he would earn if he was not disabled, but that goes to show there is a discrimination between the ranks and the officers. It is suggested along that line that pensions be uniform; that representatives on the medical board be from the ranks as well as officers; at present the board consists of officers and civilians; the rank and file is not represented.

As to inadequate pensions, I have here a case of a man who is at present in the hospital. He went to France in 1915 and he had a compound fracture of the left arm; he has lost the eyesight of one eye and the other is going, practically gone. He was at the battle of the Somme and he also suffered from trench feet. That man receives \$25 a month, and he has had to go into hospital very recently.

By Mr. Nickle:

Q. What is the name of that case?—A. Ferguson.

Q. What is his number?—A. 145374. This is his statement over his signature.

Q. What was that?—A. Compound fracture of the left arm.

Q. What is the percentage of his disability?—A. That would be 50 per cent; eyesight of left eye completely gone; right arm, compound fracture; arm cannot be used, and he is now attending Fleming Home for massage treatment. That is a case of inadequate pension.

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Q. What is his pension number?—A. I do not know his pension number. There are a lot of cases where a man will receive \$5 a month, \$10 a month and so on; and for a man who has served in France for eighteen months and has come back disabled, I consider, and I think you gentlemen will consider, that an inadequate pension. He may at the time be apparently physically fit, but the weather sets in bad and he suffers again, and has to have treatment. There is a man, I think his name is McGuire, who has not received a pension. He was boarded last January and was not given a pension. He has had to call in medical advice. One of the doctors he called in, I think was Col. Argue, who asked him what pension he was getting. He said: "You know very well I am not getting anything." Twice he has had to call in medical advice since last January. He was suffering with rheumatism in France. I think he was eighteen months in France, and as soon as the weather is at all damp he suffers from chronic rheumatism.

By the Chairman:

Q. Have you his number?—A. No, but I could obtain his number. That is two specific cases.

The CHAIRMAN: You had better have his number and regiment, and send them in.

The WITNESS: Then there is the case of men having their pensions reduced. They appear before the medical board when they are notified at the end of six months, or whatever the case may be, and the first notification they have that their pension is reduced is when they receive their cheque; in the case of a man that does not receive a pension it is only through not receiving the cheque that he knows he is not receiving a pension. I have a case here which says, "Never asked for one; no one told him anything about pensions on his discharge." There is a letter here written on the 11th April to the medical board by the Great War Veterans Association asking the Pensions Board about this pension. No reply has been received to this letter as yet, owing probably to their not being able to draw the man's file; there has been congestion in the office. But I think, if it is quite in order, that when a man is boarded he should be notified whether he is to receive a pension or not. I understand that they notify the district whether the man is to receive a pension, but whether the district notifies the man is another thing. Here is this statement of a man—never asked for one; no one told him anything about pensions on his discharge. That is the man's statement. We, ourselves, have a pensions committee of the Great War Veterans Association; I am on that committee, and I would like this committee to ask our chairman to appear here. He is a barrister, employed in the Estates Branch, and has dozens of specific cases that he could quote, and has the whole thing down at his finger points.

Q. What is his name?—A. Edward R. R. Mills. Call up Local 149, and Major Relph would be pleased to have him come here.

The CHAIRMAN: I have an intimation that they would like him to come.

WITNESS: Then there is the question of negligence. I think it is right that a man should not be dealt with according to anything that has happened prior to enlistment. I have reference to syphilis. The medical authorities can easily tell you whether a man has contracted syphilis by his own negligence or not. If he has suffered with it in the army, he has been in the hospital, and upon examination in the hospital there is always a scar left, I take it, therefore they can tell whether the man contracted syphilis through his own negligence or not. The question of a man who went to France. I don't think it should be dealt with as a previous disability because those who have been to France know the filthy state of the billets, and it is possible for any one to contract any disease in France through sleeping in those filthy billets; also in drinking; you drink out of a cup and it is possible to receive syphilis through drinking, kissing, and many ways besides actual contact with a man suffering with that disease. And it is unfortunate to have that disease. It is worse than being

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tubercular, and when a man gets home they make an examination of his blood, and if he has syphilis he is not granted a pension. Men come back from France a total wreck from shell shock and other things, and they come down to the fine point and say that he has received shell shock through having syphilis, and I take it, as stated here yesterday, that if a man had had syphilis fifteen years ago such conditions as those resulting from shell-shock will make the disease rampant in his body, and it is not because of the syphilis that he is in the state in which we find him, it is through the shell-shock and the rigours of the weather he has had to endure in France. There is a point regarding Imperial pensions I should like to take up. A man was residing in Canada at the outbreak of the war, and he was called up by the Imperial authorities. He answered the call and went overseas. He has returned disabled and is receiving a very meagre pension. I have a case here before me of a man named Beasley, who lived in Ottawa. Billings Bridge was his post office address. He was a plasterer by occupation, earning \$90 a month. He went over and joined the 2nd Royal Sussex, having been called up. He left a wife and three children behind him. His leg was blown off by a bomb on the Somme on the 26th September, 1916. While overseas two of his children died through sickness, and he returns and is granted a 50 per cent pension from the Imperial authorities. That only permits him to receive \$15 a month. He is unable to follow his previous calling as a plasterer. His leg is gone below the knee. He pulled up his trousers and showed it to me. He receives \$15 a month. He has a wife and one child, and is a resident of Ottawa and was a resident of Ottawa before he went away. It is suggested that the Canadian Government should augment his Imperial pension to make it up to what he would receive if he had been serving with the Canadians. Then there was a point in regard to the legal and medical advisers over-riding the findings of the Medical Board that actually examined the man. A man returns to Ottawa and is boarded at the Fleming Home, is granted a 33 per cent disability, and the Medical Advisers cut it down to 10 per cent disability. That man is not in a fit state to carry on his previous occupation, and not able to earn a decent livelihood. He was examined by doctors under whose care he had been for two or three months. They knew his condition; they knew he was well one day and probably sick the next, and probably sick one week and well the next, and although that man has multiple shrapnel wounds in the thigh and hip, and is suffering with a bad ankle, he is only getting 10 per cent. He is not suffering from complete ankylosis; if it were complete ankylosis he would have received 20 per cent, but he only got 10 per cent, possibly it was a mistake that the Medical Board did not put something in the finding regarding his thigh. I think they omitted to state that he was suffering from multiple shrapnel wounds, and that he had a very bad hip, but they based their finding on his bad ankle. Those who knew his condition recommended that he should get 33 per cent. I do not know what can be done to overcome this difficulty.

By Mr. Redman:

Q. Have you his name?—A. I will get his name. Then with reference to the question of the uniformity of pension is it possible for me to make a suggestion?

The CHAIRMAN: Yes, we will be glad to receive any suggestions from you.

WITNESS: I would suggest that the system of a scale of twenty classes still be retained, but that the maximum pension for rank and file and officers be \$1,000 for 100 per cent disability.

By Mr. Nesbitt:

Q. The maximum?—A. Yes, \$1,000 if he is a married man, and \$100 for each child. A married man with one child would then get about \$1,200 and that would be worked out according to the present scale of twenty classes. That would leave, I think, the minimum pension to an officer or man at probably \$120 a year. It gives a man that has complete disability with a wife and child \$100 a month, and I think that is a

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decent wage for a man that cannot do anything. I think that overcomes the difficulty of paying the money to a nurse, or paying to a wife, \$300 I think it is, for nursing the man, and there would be no more money expended because the higher rate of pension that you pay to the higher ranks would be taken from them and put on to the private, and augment it up to the one scale.

By Mr. Nickle:

Q. You think that computation of yours is sound? Have you worked out that computation so as to be able to say that it would not increase the expenditure?—A. It might, sir, but what then? You are giving a square deal to the soldier.

Q. But there is an increase in the expenditure?—A. Of course there are more in the ranks than there is among the officers.

Mr. CRONYN: I think we should have a return from the board on that point.

The WITNESS: There is a question about the earning capacity of a soldier, that the pension should be arranged having regard to his earning capacity. I do not think that would be workable, because owing to the vocational training a man's earning capacity has been increased, and I think it should be based upon the disability of the soldier—100 per cent if he is unable to carry on any work, and a private soldier should be given \$1,000, which, if he had a wife and child, would make the amount \$100 a month. If he were a single man it would come to \$83.33 a month, and for an officer it would be the same.

By Mr. Nickle:

Q. If he had six or seven children?—A. \$100 a year for each child. It is only very small—\$8 a month, I think, for each child. In the case of officers, as a rule they have private incomes. A colonel is probably better off now than he was before he enlisted owing to the money he has received, but a private is being only paid for the service rendered to the Crown and to the country. An officer has his responsibilities; whilst he is holding these responsible positions he is receiving pay and allowances of an officer. Once he enters into civilian life he is on the same scale as a private, and in a democratic country such as this I do think we should have this class distinction amongst the civilian population. We must have it for discipline whilst serving in the army, and while an officer is serving and responsible he receives the pay and allowance of an officer, which is a long way more than \$1.10 a day paid a private, or \$1.50 a day which is paid a sergeant. That answers the question which was asked yesterday about the responsibilities of an officer.

Q. What would you say as to the contention of some officers that they went overseas on the distinct understanding that if they suffered disability they were to obtain a pension according to a certain scale?—A. I do not know whether that is the case. As a first contingent man I may say we went away and did not know whether we were going to receive separation allowance, or anything.

Q. Assuming that was the case, what would you say?—A. Had the person who gave the assurance the authority to give it?

Q. Assume he had authority?—A. That could be overcome on patriotic ground I think. I do not think the officers would object. The officers I have spoken to feel the same.

Q. Suppose an officer comes and says: "I have a contractual relationship with the Government by which they agreed to give me a pension on a certain scale," and the statement was made by those who had authority to make it?—A. Was that in writing?

Q. Yes.—A. If it were in writing I do not think it should be broken, but the Government have broken their promises. I went away and I was to receive a certain amount of money, and I do not receive it now.

By the Chairman:

Q. Would you explain just what the organization that you represent is? You are on the committee of the Great War Veterans, and I understand you also represent

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some other body?—A. Well, I am in a dual capacity, I am President of the Great War Veterans of Parkdale, Toronto, and President of the Army and Navy Veterans of Ottawa, and also on the Pensions Committee of the Great War Veterans of Ottawa. The Army and Navy Veterans are an association that takes in the members of all previous wars, of the Navy, and of this war. The Great War Veterans only admit to their association members of this war, as active members. Members of the previous wars are only associate members and have no power to speak or to vote. We have two associations; one that takes in the great war, and one for all previous wars.

Q. How large is the Army and Navy Veterans Association?—A. It was formed in Winnipeg in 1886. They are not as strong as the Great War Veterans because the Great War Veterans have grown immensely.

Q. Do you represent officially the Army and Navy Veterans?—A. Yes.

Q. As well as the Great War Veterans' Pension Committee?—A. Yes.

By Hon. Mr. McCurdy:

Q. What qualifications are necessary for membership of the Great War Veterans' Association?—A. In order to be an active member of the Great War Veterans a man must have served overseas in France or in England. A man has to be in khaki in Canada to be an associate member. An associate member is not allowed to sit on the executive committee and is not allowed to have a vote in the meetings. I am referring to an associate member of the Great War Veterans.

By the Chairman:

Q. Has the Army and Navy Veterans' organization—which is a Dominion-wide association—taken action on these specific points you have mentioned to us?—A. No, sir. The Army and Navy Veterans of Ottawa only formed the association within the last month, and held their first business meeting last night. The Great War Veterans have taken action.

Q. Then in speaking for the Army and Navy Veterans you are speaking for the Ottawa branch?—A. Yes.

Q. And not for the general organization?—A. No, sir, the Ottawa branch.

By Mr. Nickle:

Q. Do I understand you to say that one of the great objections is that the percentage of disability found by the Medical Board is not as high as the merits of the case demand?—A. You refer to the medical advisers?

Q. Yes, of the Pensions Board?—A. That is so. The medical board which has examined the man and knows his case recommends a percentage of disability, and that is cut down from 33 per cent to 10 per cent, or as the case may be, according to the scale enforced by the Government. Complete ankylosis, I think, is classed as 20 per cent, and the medical board at the hospital would recommend a man 33 per cent, describing him as having weakness of the ankle and so on, and the medical advisers would reduce that to the scale that governs them by law.

Q. Is it because the description is inadequate, or that the scale has no relation to practical conditions?—A. Sometimes the description is inaccurate, but there may be conditions in a man's leg or in his general body which, perhaps it would not be possible to put in writing. But they have the man before them. They know the man when he appeared before the board was probably all right, but the slightest thing, the weather, or something else, makes a change in a man, and he is probably an invalid in bed again, and they take that into account and they recommend that he be given 33 per cent pensions disability. The Pension Board, which does not see the man and does not know anything about him, is governed by what is on the paper, and has to follow the scale laid down and come to a decision with those two factors.

Q. It may be an inadequate description of the disability?—A. Sometimes.

Q. Take the case of a man losing a right arm and no other injuries. Do you think the percentage of disability for the loss of a right arm is high enough, or too

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low?—A. I think the scale is too low, because although this pension is for disability, I am of the opinion that compensation should be taken into account. That man has had his arm blown off in France. He has probably lain out in No Man's Land for two or three days before taken in by the stretcher bearers, and probably laid on his back for four or five months more, probably two operations, and probably gangrene has set in and another operation is necessary. He may be operated on two or three times. He returns and is unable to follow his previous occupation. The vocational training may fit him for something, and they give him 40 per cent disability. I think they could take into account what the man has suffered, and his sickness, and I think there should be a system of compensation.

Q. Pay him for everything?—A. No man comes back from France after having served in the trenches, the same as when he went over.

Q. Do you contend we should give him something for his pain and suffering, and not simply the disability pension according to the scale?—A. Well, I think that he should be given something for the pain that he has gone through on the system of compensation. The medical board at the hospital know what he has suffered, and probably they give him a little higher percentage for all that he has suffered, and when it comes down to brass tacks the medical advisers reduce it to the amount allowed by law.

MR. ARCHIBALD: You make a mistake when you say 40 per cent; a hand off is worth 60 per cent; an arm off at the shoulder is 80 per cent.

WITNESS: I did not know that.

By Mr. Redman:

Q. Would you favour a system giving an equal amount to each man, or do you think it should be judged having regard to his previous occupation?—A. I do not think it should be judged with regard to his previous occupation. The vocational training has increased a man's capacity to earn more money, and by this vocational training he could probably earn more money than he could with his previous occupation. A man who was a labourer with a little clerical knowledge can go to a vocational class and work up to be a book-keeper or something similar to that. A man who was a plasterer or carpenter cannot follow that occupation, but he can go into some other business, I think it should be according to the disability. If you are going to pay a man according to his abilities, suppose the man is a director of a bank or something like that and had a big salary, say \$50,000 a year, his pension would be immense. I do not think that plan is workable.

Q. Do you think the basis should be one of compensation for what the soldier has suffered, or the amount that is required to put him in shape for living again?—A. Myself, I think what the man has suffered should be taken into account. Some men that have been to France have suffered immense.

By Mr. Nesbitt:

Q. As I take it, you think the maximum pension is too low, but do you find fault with the division that is arranged, suppose the maximum was raised?—A. Then the whole scale should be in accordance with the maximum.

Q. As it is now divided, do you find fault with that?—A. The twenty scales, no sir. I think the twenty classes should stand, because one man would not be entitled to probably ten, and the medical board might give him nothing, yet he should get five.

Q. We have just been told that the amount for the loss of an arm is 80 per cent, as against 100 for total disability; do you think that a fair division?—A. Yes, sir, because he has his other arm, and they can put another arm on there, and sometimes it is very good.

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By Mr. Sutherland:

Q. Take the statement that you make that there was discrimination shown between officers and men in awarding the pensions, are you prepared to substantiate that statement with evidence?—A. No, sir, the only thing is by knowledge of having so many men making these complaints, that is all; but I always take it that there is a kind of fraternal feeling amongst officers; officers are sitting on the board, and if another officer comes in he is always treated with courtesy, and very, very nice. A man comes in and he is treated as a different subject altogether. I have had that experience myself.

Q. Is that the general opinion among veterans?—A. Yes. If you ask a man to be boarded he says, "What's the good?" They have no confidence in the medical board; of course that is the rank and file.

By Mr. Cronyn:

Q. You are speaking of interviews by the men with the medical board?—A. Yes. We did try to get a medical board to examine the soldiers privately, and we offered to pay their expenses, but we have been unable to get the assistance of medical officers. We tried to get Dr. Mayburry, but he would not accept the position as medical adviser on the board of the Great War Veterans as it would not be an official position, and his dignity would be hurt by making a report on a man's disability and the Pension Board not accepting that report. We have had difficulty in getting medical men to examine the men, and the men would rather pay the expenses of a private doctor than go to a medical board. That is the feeling of the men regarding the medical board.

The CHAIRMAN: We are very much obliged to you.

Witness retired.

The CHAIRMAN: Col. McGillivray and Col. Cameron are here from General Fotheringham's office. We should like to have Col. Cameron come and tell us something of the dealings of that department.

Col. IRVING H. CAMERON, M.B., of the Board of Consultants, Department of Militia, appeared at the request of the Committee. He said: I have no instructions. I was merely told that Col. McGillivray and I were detailed to come here and answer any questions. We are not instructed to say anything.

By the Chairman:

Q. It is in connection with the practice of dealing with syphilis, and cases of that kind, affecting pensions.—A. Either of us will be happy to give you any information in our power.

Q. Objection was made yesterday by representatives of the Great War Veterans, to the practice being followed in dealing with cases of syphilis; their contention was that if a man was passed as medically fit and went overseas, that should be accepted, and the man should not lose his pension by reason of a report later that the trouble from which he was suffering existed before he went overseas; in other words, if he is passed as medically fit, that should be a clean bill of health, and everything should date from that date; we should be glad to have your views or any statement in reference to that.—A. Syphilis is a disease which is divisible into three separate stages, more or less distinct, and in the interval between these stages there may be no gross evidence of a man having had any trouble. Under those circumstances his statement would be received as representing the facts.

Q. Would you then explain to us the status, Doctor, so that the committee will appreciate it?—A. In the initial stage of syphilis there is a primary sore, which may be on any part of the body, with a break in the integument which has come in contact [Col. I. H. Cameron, M.B.]

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with the syphilitic virus, and this may be three weeks in developing or showing itself; it is not necessarily on his penis; it is contracted occasionally in the most innocent way, from towels, drinking cups, or anything of that kind. It may be on the tongue, on the front of the tongue or the back of the tongue, or on the eyelid or anywhere, and there may be nothing visible without a very minute examination—an ordinary examination would not detect anything of that at all. It may be a long time, several weeks, before the next symptoms come, and these may be indicated by rashes on the skin which are the most easily detected signs. Afterwards, there is a long interval when there is nothing apparent, in which, whether the man is in service or not, will ultimately develop the third stage of the disease. So that in either of these intervals it is quite possible that the disease might escape detection on a man after his ordinary enlistment.

By Mr. Nesbitt:

Q. Do you think it wise to refuse him a pension in that case?—A. I think that if it could be determined at all that his condition was aggravated or made worse by the service, that ought to be taken into consideration.

Q. Would he be liable to it in such service as we understand they have to go through?—A. No, not necessarily. A man might go through without any aggravation whatever of the syphilis.

By Mr. Nickle:

Q. Could a man have syphilis and not know it?—A. Certainly.

Q. Could a man truthfully answer, "No," to a recruiting officer or medical officer examining him prior to his attestation, when asked the question whether or not he had syphilis—I mean so far as the man was concerned?—A. Certainly he might truthfully say no.

Q. Do over-exertion and exposure and undue strain have a tendency to make a tertiary manifestation that would not be made manifest in ordinary life?—A. Not in my experience.

Q. What do the books say on that?—A. I do not know that there is any special reference to that in the books.

Q. I have read a treatise on it by a pathologist of the Rockefeller Institute in which he said that malnutrition or exposure of a man to unusual physical strain had a tendency to break down his physical power of resistance, so that the disease manifested itself more readily than it would under ordinary circumstances?—A. That is a very general ground of course.

Q. What would you say as to that?—A. I would answer as I did before, that in my experience it made no difference except perhaps in the nervous system cases.

Q. How long have you been examining the records in regard to the cases of syphilitic soldiers?—A. I went overseas in May, 1915, and have been more or less concerned with it ever since, but I do not base my knowledge of syphilis on that, for I have been practising among syphilitics for over forty years.

Q. There is a great difference among soldiers, as to the inadequate payments to men suffering from tertiary manifestation of the disease, who apparently have no knowledge of their having had the disease when they went overseas, and to dysentery, epilepsy, paresis, locomotor ataxia, and those things have developed very rapidly, and they allege that the pensions given by the board are inadequate in reference to the disability?—A. I do not know, as far as I understand, that the pensions are based on the disability at all; they are based on a man's ability or disability to gain a livelihood on the open market of the world, which is the only single foundation one could get.

Q. Let me put a case; a man goes overseas not knowing that he had syphilis; he breaks down through overstrain, and epilepsy or locomotor ataxia develops; the board says, "We do not give you a full pension, because the seeds of syphilis were in you when you went overseas; you were syphilitic." What would you say to that argument?

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—A. I think that is a proper kind of argument. The service is not responsible for the causation; it may be responsible for the aggravation.

Q. Then is the aggravation accelerated under stress of military service, provided it has been particularly arduous?—A. Assuming that malnutrition, which I think is the central point, has some influence in causing an unduly early development of the symptoms,—which is not my experience of the matter—then I would say that may possibly be a consideration.

Q. As a military man, suppose a man interested said he had not syphilis, or did not know that he had it, and the man examining him on attestation did not know he had the disease, do you think the man should be taken as physically fit at the time of enlistment?—A. I think he was fit at the time of enlistment.

Q. Then why should he be paid for the aggravation?—A. Because although the service had nothing to do with the origin of the disease, there may have been aggravation because of service, and this applies particularly to the nervous system.

Q. Could not the medical man have discovered the disease if they had a Wassermann test?—A. I suppose he might, but it would not be feasible to have a Wassermann test made in every case.

Q. Is it not up to the Government to do it?—A. It is not for me to say.

Q. If the Government leave undone that which they might have done to discover the disease, and having had no Wassermann test, they would not pay the man or his family, should they not pay him for entire disability?—A. You mean to say, they would have rejected him if they had known it.

Q. If they did not reject him while knowing it should they not pay him the entire disability?—A. I think it is arguable.

Q. Is it defensible?—A. I think it is partly defensible. The matter is not sufficiently clear-cut in my mind to answer it categorically.

Q. In regard to estimated disability, how do you medical men arrive at the percentage of disability that a man suffers?—Suppose a man comes back with his right hand off, how do you determine what his percentage of disability is?—A. That has been determined as a matter of accumulated experience, not only medical experience, but actuarial experience, and there are certain percentages established in connection with the loss of certain members. I do not know that these are actually correct in individual cases, but it is the only way you can arrive at it on an average.

Q. Do you refer to workmen's compensation?—A. Yes, and insurance companies, and accident insurance companies.

Q. Do you think those tables are accurate in reference to practical conditions?—A. I think on the average they are accurate, not accurate as far as the individual is concerned.

Q. Do you think they are too low, or too high?—A. I suppose, being of a compassionate disposition, I am inclined to think they are too low.

By Mr. Nesbitt:

Q. According to my experience I think in some instances they are far too high, and in others far too low.—A. I think that is true.

By Mr. Cronyn:

Q. The average is perhaps never fair to the individual?—A. Quite right; it is presumably not exact in the individual case.

By Mr. Sutherland:

Q. Do I understand you to say that a man's disability is fixed by his ability to earn a living, not by his physical disability?—A. That is the pension disability, which is awarded on the common ground of his ability to earn a living in the world's open market. It does not seem to be a rational or proper basis but it is the only one that is available in practice.

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By Mr. Nickle:

Q. How do you determine what we might call subjective disability, separated from actual disabilities?—A. That is only determinable by the capacity of the examiner to detect what is going on inside the individual, which comes by experience, I suppose, to a certain extent, but is very liable to error.

Q. Is there anything in the argument raised by these gentlemen representing the Veterans Association, that the central board should not vary the findings of the board that actually examined the man, because the central board is not able to estimate accurately the subjective conditions of the pensioner?—A. There is a good deal in that argument, but I think it is generally presumable that the Pension Board examiners are men of more wide experience and professional knowledge than the ordinary boards which are called upon to examine men in the first instance, which are oftentimes composed of men who by reason of their youth, have not had much experience in such matters.

Q. Then do I infer from what you say that the men who conduct the original examination are not as competent as they should be, or lack experience?—A. Oh, no, I think they must lack experience to a certain extent, compared with those who are older and longer in the profession; that is all. I do not think in any other respect there is any difference.

Q. There seems to be a universal complaint all over the country that the central board cuts down the allowances of the original examination board, and this is creating a great deal of discontent; I would like to know what is your opinion in regard to the whole matter?—A. My opinion is that the primary board is apt to be influenced by sympathy very much more than a board that does not see the man, and that the cold, calculating judgment of the revising board is more likely to be correct.

Q. Supposing a man says that he has a pain in the head, or a pain in his side, or that his chest aches, or something of that sort, how would the central board determine whether the man was telling the truth or not?—A. It would be impossible for them. All they could do would be to take the collateral evidence into consideration. That is all.

By Mr. Nesbitt:

Q. How would the examining board determine?—A. You can often get an impression of the truth or accuracy, or the lack of it, or of exaggeration, from a man's answers, and his behaviour.

Q. You just judge from your knowledge of human nature?—A. Quite so.

Q. And perhaps your former knowledge of the individual?—A. Yes, but we do not often have that in these cases.

By Mr. Pardee:

Q. Would it be much more satisfactory if those men appeared before you themselves?—A. Before the revising board?

Q. Yes?—A. I answered that question a while ago in the negative.

Q. You do not think it would be?—A. No; I mean to say they are liable to be influenced by the subjective symptoms, just as other examiners are. When the patient is absent, then they are merely bringing their judgment to bear upon it, not their sympathy.

Q. Do you think it would be better, or worse, that they should not appear?—A. I think it is better that they should not appear before the revising board.

Q. You do not think you could diagnose the case any better from seeing the subject himself, rather than merely the collateral evidence that you have?—A. That might be answered both ways, I think.

Q. In your own experience as a medical practitioner you would rather see the man yourself than have the man state his case to you on paper?—A. I would, certainly.

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Q. Would not that apply to these men?—A. There is just the sympathetic element that it is desirable to get rid of, if possible. I think, of course, that the judge in banc probably gives you a better judgment than the judge who tries the case, although he has not had the same opportunity as the primary examiner would have.

Q. In other words, you do not want to have your own feeling harrowed, and would rather read the paper?—A. I do not want to have my judgment influenced by my feelings.

By Mr. Cronyn:

Q. You are not on the examining board yourself?—A. No. The Board of Pensions is a civil board—not military.

By Mr. Nickle:

Q. What is your opinion in regard to the attitude of the Government toward disability, as a result of post-enlistment-contracted syphilis?—A. I am not aware that there is any special position assumed by the Government.

Q. The Pension Commissioners have laid it down as a matter of policy that if a man suffers disability on account of syphilis, contracted after enlistment, he gets no pension?—A. I think that when he has been a party to acquiring the syphilis, that is quite sound and just, but he may get it innocently, as I said, from towels, utensils, or drinking cups, etc., and then I do not think he should suffer on account of that.

By Mr. Nesbitt:

Q. Can they always tell how it is contracted?—A. Not always, but if a man gets a sore upon his penis it is presumed it is from the usual contact. If he gets it on his lips or tongue or eyelid it might be from a towel or utensil.

By Mr. Sutherland:

Q. Sleeping in the dirty billets in which they are liable to sleep they may just as likely get it on the penis as any other place?—A. It is very seldom contracted that way; I never knew it in my experience. I look on that story with a great deal of suspicion always.

By Mr. Nickle:

Q. What would be your suggestion as to how the families of those men should be looked after?—because somebody has to look after them; if a man comes home a wreck from syphilis contracted after enlistment?—A. By his own fault you mean?

Q. By his own fault?—A. Then I assume his family would have to assume the responsibility.

Q. Somebody has to do it; how do you think they should be looked after?—A. I should think there ought to be some kind of patriotic organization to do it.

Q. Why patriotic, rather than national?—A. That is a very difficult question to answer.

Witness retired.

Lt.-Col. DONALD MCGILLIVRAY, M.D., of the Board of Consultants, Department of Militia, appeared at the request of the Committee.

By Mr. Nickle:

Q. The chairman has asked me to put the questions, so perhaps you will assume that I have asked you, all the questions I asked Colonel Cameron.—A. I think, as Colonel Cameron has expressed himself about a man who contracted syphilis before his enlistment, he may suffer slightly from the strenuous work he goes through in precipitating his tertiary symptoms, and he should be compensated for that, but I do not think a man should receive compensation for disability in syphilis if he

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contracted it ten or fifteen years prior to enlistment, which so many have done. You asked Colonel Cameron whether he should not have had a Wassermann test. That is absolutely out of the question. It would have taken Sir Sam Hughes not months, but years, to get 33,000 men in the field, doing the Wassermann test on them all.

Q. Assuming this man to have had a Wassermann test, and assuming that the man honestly said he never had syphilis, and he breaks down as a result of his service and accelerates the tertiary symptoms, on whom should the maintenance of the man's family fall when he returns, a total disability?—A. That is a social question.

Q. We are here to try and solve it?—A. It is pretty hard to see the poor family suffer from that man's breakdown, but the man is absolutely responsible for the condition himself.

Q. If he had not gone to the front, he might probably have lived on?—A. He would have had his tertiary symptoms later—paresis.

Q. Not always?—A. Paresis always comes on early in life as a tertiary symptom. It is not a late manifestation; and as for epilepsy, loads of them come up and falsify their past diseases when asked about it. You know how keen they were to get overseas, and they enlisted, especially with the first contingent—and they deserve credit for it. For instance, a man coming up may be perfectly fit in every particular as far as the medical man is concerned; ask him if he has had any past diseases, and he says no, and yet the man may have had an epileptic attack within a month, and no man can tell it, he is the only one living that can tell it. The same with attacks of rheumatism, that give rise to this crippling of circulation early in life; I think from 90 to 95 per cent of heart cases arise from secondary complications of rheumatism. Many of these men have slight cardiac displacements before enlistment, but the strenuous work of service precipitates another attack and leaves the man crippled and disabled the rest of his days. That man should get a good remuneration, but still the nation is not responsible for the whole condition; he should have told the examiner that he had had rheumatism.

By Mr. Nesbitt:

Q. But since the conscription law came in it is the very opposite; when they tell the medical examiners that they have had all manner of diseases, from epilepsy down, the examiners do not believe them?—A. But the conditions that obtained then were very different from those now, and they would falsify anything to get over, while now they falsify everything possible to stay at home.

By Mr. Nickle:

Q. How do you think this situation should be dealt with?—A. There are so many malingerers that it is mighty difficult. The trouble is not with the average man who comes back, glad to get back, and get on his feet again and get to work; it is with the man that has no intention of doing another tap of work again; that is the trouble. You cannot have thousands of men together without having numerous men magnifying complaints. Some of us have good steady mental balance; others have not. Many of those men suffering from so-called shell shock would, under ordinary civilian life, probably never have had such manifestation, but under the strenuousness of service they suffer.

Q. You agree that they should be paid?—A. Certainly those should, but you must be very careful about how you do it. That brings me back to another thing, the revising of pensions from time to time. That must be done, otherwise you would do the nation a great injustice. A man who has 100 per cent disability to-day, in six months time may be 50 per cent, and another year he may be only 25 per cent.

Q. How long distant should the final determination be put?—A. You must revise those pensions from time to time for years, I should say.

Q. Medical men have said that two years at the outside was the maximum for revision?—A. I should think that was very bad advice, mighty poor advice.

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Q. They will not go back to work and exert themselves to their limit until their pension is fixed; that is my experience with them?—A. I say, that loads of them have determined never to do another tap of work again.

Q. In regard to the complaints against the medical board, the men complain that the central board cuts down the allowances given by those boards?—A. The central board here at Ottawa?

Q. Yes, they say it cuts down the allowances given by your board?—A. The boards do not give any allowances; they are not allowed to state the percentage of disability. They did it at first, but they are not doing it now.

Q. They have done it within the last month?—A. If they did, they are doing what they are told not to do.

Q. They do tell the men?—A. I don't know; they have not got the awarding of the disability.

Q. How do you account for it, that in so many cases the central board cut down the allowances given to the men?—A. Because the men are improving.

Q. No, but the central board cuts down the amount to the men on your reports?—A. You take two cases; here is a fellow who gets pneumonia, and following that gets heart complications. Another man with heart complications alongside of him had slight complications in civil life, and he has got a crippled heart as compared with this other one. In his history sheet you see a note to the effect that this man had an acute attack of inflammatory rheumatism in youth, while this other fellow had not. The first had an attack of pneumonia on service; the other is an aggravation of a condition contracted fifteen years before. Now, I would imagine the central board would cut this fellow's pension away below that of the other.

Q. You are misunderstanding my point; the medical board find a certain state of facts, which they set out on the board report, and under the old practice they said that the man had a 60 per cent disability—I am now speaking from an actual case. It came down here, and on the state of facts set out by the medical board the man's pension was reduced to 20 per cent—a heart case?—A. The local boards have not anything like the experience of the central board, which is dealing with these cases all the time, and I should think they would be much better judges in dealing with disability. These chaps on outside boards are many of them young men and have no idea about the percentage of disability from certain conditions existing, or not much more than a civilian would have, as they have had no experience.

Q. They are supplied with the pension table of disabilities?—A. They are not.

Q. Yes, they are?—A. They were, but they are not now. They are just to state the facts on their history sheets, and it comes to the central board.

Q. Bpt they are supplied with the central board's sheet of disabilities?—A. They were, but they are not now.

Q. They were until a month ago?—A. It is more than a month ago. There was some change along there, I could not say just when.

Q. Do I understand that you are not satisfied with the experience of your men who are conducting the primary examination?—A. To answer your question I would like to cite a case. Take a young fellow just out of college, with a year's experience; take another man in the town with fifteen years' experience; I prefer to have a man of fifteen years' experience to the one with the one year's experience.

Q. Which one have you got on your board?—A. We have all the medical men we can get in the country.

Q. What you mean to tell me is that you have not as good a board as you would like to have?—A. Certainly we have boards that we would like to improve, loads of them, but we cannot do it; the medical profession is absolutely crippled; unless you conscript them I don't know what you are going to do.

Q. Why don't you take in those average doctors you have in large cities?—A. We have got them all. If you produce them we will take them so quick they won't know what has happened to them.

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Q. I have had some cases in my own constituency, and they refused to go on because you only give them the rank of lieutenant, and they will not go on under a man they taught in college?—A. As to that I cannot answer. We have lots of good men from your town.

Q. Men in my riding say that they would assist your board, but they object to going as lieutenants under captains who were their college students years ago?—A. That is a purely sentimental reason.

Q. Would it be better to take those medical boards out of military uniforms, and put them in mufti?—A. I would not think so.

Q. Why?—A. You would not have control of the men then. It is difficult enough running boards and controlling the men and getting them together in the time necessary when they have the uniform.

Q. How does the uniform give you control?—A. You must know that uniform gives you control.

By Mr. Nesbitt:

Q. They are sworn in, are they not?—A. Certainly.

By Mr. Nickle:

Q. Could they not get the control with ordinary medical men?—A. The service is bad enough as it is. I am not trying to cover up the medical service in any shape or form.

By the Chairman:

Q. I understand the position; you are doing the very best you can?—A. With the material we have at hand, absolutely; and as to detecting syphilis, that is one thing—there are a number of things—but we cannot tell unless they tell when they come in about their chronic conditions. In giving a man disability, it all depends on whether that man gets the disability from which he is suffering on account of a past history; in other words, whether he covered up anything when he came into the service, in order to get into the service. You know how keen they were to get in. Then I am informed that at Valcartier many of the commanding officers took the men that were turned down, tore up their medical history sheets,—I know that occurred in numbers of cases in the West where they were recruiting—men that the boards turned down, the officers in command were so keen to have the regiment up to strength that they took these men, and off they went; so it is not the country boards that are responsible for those conditions.

By Mr. Nickle:

Mr. Knight, representing the Great War Veterans' Association, complained here the other day, that on returning the boards have referred to medical sheets in England in which the man said, in coming out of hospital they were quite well; and that the medical boards here practically estopped the men from denying that, telling them, "You said you were well in England; now you can't be sick," and so they put the disability very, very low. Mr. Knight said that the men, while in England, said they were well because they were fed up, as it were, with hospital, and wanted to get home. The veterans think the men should be dealt with on their merits here, regardless of anything they said in England?—A. It is pretty difficult to do that, unless you can get access to the previous boards. I am a returned man myself, and have every sympathy with returned men, but many of those men, when they come out here, give you an entirely different history from what they gave in England, as to previous illness and that sort of thing, in order to get as much pension as possible, and to make the disability as great as possible. You know perfectly well that no two men are capable of giving equally detailed accounts of their illness, as one man will magnify the things beyond words, another fellow will give you a story of hairbreadth escapes which certainly show he must have been born to be hung, otherwise he could not get

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through the gamut that he ran; it is an exaggeration from start to finish. It is a mighty difficult thing to determine a man's disability. All those shell-shocked cases are curable.

Q. You heard what Sergt. Jarvis said, as representing his organization, that the men object that they were treated as malingerers?—A. Well, if you have any association with hospitals in civilian lines, you know we have the same thing there with malingerers. Malingering is not only in the army.

Q. Is he correct in stating that the men are approached as though they are malingering?—A. I think probably a certain class of men are.

Q. He stated that that was a general thing?—A. No, that is not correct. Of course if you believe half of what you hear in this committee, we are a lot of devils. We cannot believe a quarter of it. You must know some reputable medical men in the service, I suppose?

Q. I think I know a great many.—A. I hope so. We cannot credit what we hear, and only about half of what we see, in relation to the men we have to deal with. It is no easy matter to deal with these cases. If the information we have been gathering arouses a sort of grandiose idea which the sergeant was telling us about a while ago—I do not know who he was—as to the pay the officers in the service are getting, it is not a correct impression. If all his remarks are on a par with that, they are not of much value. If you just question yourselves, you will find the officer to-day in the Canadian army is getting the same pay as an officer received ten years prior to the war, but the men were jumped up to double the rate at the drop of the hat, and the officers got nothing more. A captain serving in the Canadian army who has a wife and family—perhaps a couple of children—is getting paid at the rate of \$100 a month. With regard to pay in the army, there is no man in the army to-day for the pay that is in it. From the inferences this sergeant has been throwing about, you would have thought we were all making money out of it.

Q. All we are concerned about is pensions. I do not know what he said about pay. (No answer.)

By the Chairman:

Q. Mr. Archibald yesterday mentioned that one of the disadvantages of accepting the reports of the local board would be the great variety of reports you would get from different local medical boards of cases that were practically of the same character?—A. Yes.

Q. He gave as an illustration some particular diseases where two medical boards in different sections of the country gave different percentages of disability of men suffering from exactly the same disease?—A. Well that shows the value of the central board I should say.

Q. Do you think it is absolutely essential to have the central board as the final determining authority?—A. I do not see how you can get away from it. There is just that case he cites where two boards in exactly similar cases of disability would give entirely different percentages.

Q. Dealing with it in a practical way, with every desire to do absolute justice to the men concerned, from your experience having served at the front as well as having served here, do you see any alternative except to have a central board, to finally determine the case?—A. I do not see how you can do away with it. I do not see how it is possible to get any uniformity of assessment of disability in any other way.

By Mr. Cronyn:

Q. The suggestion was made, I think that we might have three or four central boards distributed throughout the country and to those boards the men would have personal access. I understood Col. Cameron to say that from the view of cold calculating justice it would be preferable not to have one's judgment biased by personal sympathy. What would you think yourself?—A. I would think there would be more

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uniform justice handed out by the central board, than with a number of boards. You would require to have a good number of members to get these men to present themselves—practically a board in every town of five or six thousand people.

Q. I do not agree with you there.—A. If you had one in each province, or one in each military district, I do not think they would have time enough at their disposal to handle the cases, even if they worked ten hours a day.

Q. I do not mean as an original board—A. A multiplier?

Q. A multiplication or extension of the central board of revision?—A. You mean to have every case presented at this board?

By Mr. Nickle:

Q. Every dissatisfied case?—A. I say that might be workable.

By Mr. Nesbitt:

Q. That would mean every case. In Military District No. 1, say, could not the board be there to examine every man in the district, if they were paid specially for that work and did not have civil work to do?—A. I do not think they would have time to do it.

Q. How many men on a medical board?—A. Three. I do not think they could handle all the cases.

By Mr. Nickle:

Q. How many men on the central board?—A. I do not know anything about the central board. I have not been on a board since I was in England.

MR. ARCHIBALD: They do not sit as a body.

By Mr. Nesbitt:

Q. As a matter of fact the boards of which you speak are supposed to report conditions as they find them?—A. As I understand it they give an accurate report of the condition and history of the men and the central board assesses the disability.

By the Chairman:

Q. In your judgment that is the best way?—A. That is a much more equitable way.

By Mr. Nickle:

Q. I received a letter from a doctor, whose name I will give you privately, in which he stated that this new order which prevented the medical board from stating the percentage of disability and using language to describe the man's condition was absolutely impracticable, and he, as a man who has sat on the medical board, complained very bitterly of the way they had been overruled by the central board. He said that no central board could adequately reach a conclusion as to the man's disability from the language that was used in these medical reports, and that great injustice was being done in not originally sending out the percentage of disability.—A. When that order was changed, I felt that there would be very considerable injustice done, but the more I thought of it, the more I thought much more equitable treatment would be handed out to the men under the present conditions, than under the former conditions, but I thought at the time it was changed that would be the result, but it certainly removes the sympathetic element.

Q. The doctor I referred to, who is a prominent medical man, said it would be impossible to get an adequate description of the man's condition, that it would be impossible to get the subjective conditions as well as the objective conditions.—A. It would be difficult to size it up.

Q. The pains and aches and tendencies could not be brought before the central board?—A. There is no trick at all in sizing up an objective case. If you see a man's

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arm broken, you see it, and know about it, but it is difficult to size up the objective symptoms, and that is only done by experience, and that is all embodied in that man's report.

Q. In other words you have to brace up your board to give adequate reports to the Pensions Commission, to make the scheme satisfactory?—A. The reports are coming in much better than they used to. All the war work thrown on the medical service is comparatively new to me and it takes time to get things perfected.

Q. The board is changing rapidly too.—A. Yes, there is great difficulty in getting men.

By Hon. Mr. McCurdy:

Q. Have any doctors on the Army Medical Corps been called up under the compulsory service provision?—A. Yes, all those within the age limit, and all the men going through the colleges now—

Q. Was there not an order issued releasing doctors from conscription?—A. They serve just the same as any other profession.

By Mr. Redman:

Q. What do you think of the idea of having a permanent medical board for a Pension Board that would comprise some specialists and which would be able to travel and handle the cases first hand?—A. I really could not tell you. I have not given that any thought. It would require very considerable thought to determine whether the thing was workable or not.

By Hon. Mr. McCurdy:

Q. Have exemptions been given to doctors for the same causes as they are given to other classes?—A. From political influence, I believe, which is a very pernicious thing.

Q. There is no political influence now.—A. Isn't there? I wish that were the fact.

Q. Have exemptions been given to doctors through the same channels as to the ordinary man who is called up in his class, by local tribunal and so on?—A. You mean for compassionate reasons? For instance, he is supporting old folks, parents. He would get the same consideration as anybody else.

Q. He comes up before the local tribunal?—A. Yes.

Q. And exemptions have been given in such cases?—A. Yes. I cannot recall any case, but I am sure they have been given.

By Mr. Sutherland:

Q. Just a word with reference to the central board. As it stands to-day it is quite apparent that there are a great many complaints as to the inadequacy of the pensions, and these men cannot be heard without coming here to Ottawa, either themselves or their counsel. If there were a medical board in each district, would it not facilitate the disposal of these complaints and enable them to be heard very much better than under the present conditions. Would it not remove a good deal of dissatisfaction?—A. I think it probably would. I do not see why such a thing could not be allowed.

Q. And then the central board here in Ottawa would revise the finding of this board in each military district, as they would revise the finding of the board who examined the men?—A. Yes.

Q. Would that not be a further safeguard?—A. Yes, I think it would, and a very reasonable thing for the returned men to ask.

By Mr. Nesbitt:

Q. I would like to know about the central board. It appears there is no regular board that advises the Pension Board, but it is individuals. Would it not be better

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to establish a medical board to advise the Pension Board? The medical board would be composed of experts along different lines of diseases.—A. That sounds quite all right. That pension is not under the A.M.C. It is under the Invalided Soldiers Commission.

Hon. Mr. McCURDY: No, under the Board of Pension Commissioners.

The WITNESS: Under Sir James Loughheed.

Hon. Mr. McCURDY: No.

By Mr. Nickle:

Q. Have you ever gone over the scale of disability that the Pension Board issues? —A. I have.

Q. Have you ever had experience before of disability in relation to practical life? —A. No, none whatever.

Q. You cannot express any opinion as to whether the pension disabilities are adequate?—A. They struck me as being very good, but I have had no experience.

By Mr. Redman:

Q. Each medical board that sits on a case has the finding of previous medical boards before them. I know of some cases where we obtained new boards for soldiers and I could not help feeling that the new boards went more on the old finding than on their examination, because sometimes the old findings were by men of considerable ability and more experience than the new board. Do you think it would be advisable in the establishment of a new board, to let that new board make examinations without having the old board's findings before them? —A. Quite all right, but I think having the findings of the previous board before them would be a guide in helping them not to overlook anything. Medical men are flesh and blood like the rest of creation and they may overlook things from time to time.

Q. I do not know anything about the medical part, but in several cases I have had the impression that these new boards composed of young men did not go on their own findings to any extent.—A. That is altogether wrong. They should put down their findings, and should not be governed entirely by the action of the previous board.

Mr. NICKLE: The letter I received from a very prominent doctor who has had considerable experience with this board says:—

For your information I am enclosing a copy of a Headquarters Circular just received, you will note that the medical boards, who actually see the man and examine him, are forbidden to estimate the disability.

I am acquainted with a number of the medical men employed by the Board of Pension Commissioners and, while I do not in any way question their competency, I have no hesitation in saying that the medical board of a hospital are at least equal in competency; and having the advantage of seeing the patient, are much better able to gauge the disability than are medical officers, however competent, who do not actually see the case. I think that the Board of Pension Commissioners, by taking this step, are inviting a great deal of trouble and complaint. I can emphatically state that the disabilities, given by the Board of Pension Commissioners, in many cases are far wide of the mark, and can give you at any time a number of illustrations of this.

I think the only cure for this condition is for the Board of Pension Commissioners to establish in each Military District a medical board of review. The duties of this board would be to re-examine any cases where there seem to be a divergence between the reported disability as given in the medical history and the percentage of disability given.

Q. What do you think of that?—A. There is a lot to be said for and against it.

Q. Give us both sides.—A. Well, I will take the reasons against it first, and would say that a man who is doing the examining may be of a very sympathetic temperament.

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The president of the board, for instance, might be quite incapable of getting at the actual disability. You will grant that? So that would be very much against uniformity in awarding disability. Our central board would be entirely away from the personal feature.

Q. I understand there is no central board. There are ten or twelve doctors each of whom expresses his opinion.—A. I am not on the board and cannot tell you what they do but I am granting that there is a central board and that there is some discussion, particularly where there is difficulty in awarding disability. I am of opinion that these cases are talked over and discussed.

Q. It is rather startling to hear that a local board gave 60 per cent disability, and that that was reduced by the central board to 10 per cent.—A. The previous history and disability before the war are elements.

Q. This is a case where the man admittedly had no pre-war disability?—A. I could not tell you unless I knew exactly what the condition of the case was. I saw a case in Winnipeg of a man with a terribly bad heart. He had easily 100 per cent disability when I saw him. That poor chap was getting I think about 20 per cent disability. I thought that was a rank injustice, but on going into the history of the case I found this chap had several attacks prior to enlistment, and had lesion of the heart at the time, which he said had passed away. That does not remove the fact that he has 100 per cent disability at the time and only got 20 per cent, but it is just a question of whether the State should pay for that.

Q. Do I understand from you that under the present practice a man might come back with 100 per cent disability and it might be reduced down to 10 or 20 because he had had a previous ailment?—A. I have seen some men going about that I thought should get a pension, and they were not getting it.

Q. Tell us how to overcome these conditions. They are serious?—A. I think they all have been dealt with pretty carefully. I do not think these cases are arising now, although they did arise. These men had a pre-war disability, which was aggravated after enlistment. Are you going to pay the man simply for the aggravation or for the complete disability? We cannot determine that. These are the cases which are not getting the pension that you would think they should be getting. This appears in the history.

Captain C. G. CONGER, of the Post-Discharge Pay Branch, Paymaster General's Office appeared at the request of the committee.

By the Chairman:

Q. You are in the Paymaster-General's Office?—A. Yes.

Q. And are in charge of the post-discharge pay?—A. Yes.

Q. How long has that been under your charge?—A. Since its beginning. There was an Order in Council passed on 18th April, 1917, authorizing three month's post-discharge pay to discharged members of the Canadian Expeditionary Force who had six months continuous service, any part of which was performed overseas.

Q. You have been in charge since that Order in Council was passed?—A. Yes.

Q. Complaint was made yesterday by Mr. Knight of the Great War Veterans that many soldiers returning home, were suffering seriously by having deductions made from their post-discharge pay by reason of prior overpayments. What is the practice in connection with that?—A. The practice has been to recover overpayments. That is if the soldier is in debt at the date of his discharge. We recover overpayments as far as possible from post discharge pay. We endeavour to do it anyway.

Q. How would these overpayments arise?—A. Well there might be overpayment on account of assigned pay and separation allowance. Overpayments come in on the advice of further debits from the Chief Paymaster's Office. A man in the field would receive an advance in pay, for instance, owing to conditions at the front, pro-

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bably the acquittance rolls on which the advances were marked against the man would not be received at the central office until after the man returned to Canada and discharged. There might be an overpayment for hospital stoppages and various items that had not been received at the London Pay Office at the time the man left England.

Q. And in making the payments of post-discharge did they deduct any debits that might be against him of amounts as received from the London office?—A. London overpayments, of course, are recovered when we are advised.

Q. Or here?—A. Or here.

By Mr. Nesbitt:

Q. Then if you have overpaid his wife or family for separation allowance, perhaps because they have been admitted to separation allowance and it was afterwards found by the Separation Allowance Board that it was not justifiable, you deduct that from the man's pension, do you?—A. From his post-discharge pay.

Q. From the pay to which he is entitled when he is discharged?—A. Yes; of course it is an overpayment against the man's account.

Q. But it was paid to his wife and family when he was away; they have no doubt had the benefit of that, and it is an error on the part of the Department, not on the part of the wife, presumably; I could appreciate the deducting of anything that he overdrew when he was serving, but I cannot appreciate your deducting some error of your own in overpaying his wife?—A. Of course in many cases, it is an error of the department; in other cases it is on wrong information that the man has furnished the department, that the overpayment has occurred. I mean it is liable to be that.

By Mr. Nickle:

Q. Was not the policy of the Government in granting this post-discharge pay adopted in order to put those men in funds for three months, so that they might have an opportunity to look about for work, and re-establish themselves in civil life by their own choice, and not to be forced to do something for their own bread and butter?—A. Yes, that is what I was advised was the intention of the Government.

Q. In deducting from them their post-discharge pay to make good over-payments to them or to their wives, are you not indirectly defeating the very policy of the Government?—A. Yes, unquestionably it leaves the man without funds when he is trying to re-establish himself. Of course the Order in Council stated that overpayments were to be recovered, and I naturally saw that the Order in Council was carried out.

By Mr. Ross:

Q. Are those cases very numerous in which you have to deduct from a man's pay?—A. Quite a number of them. From the fund that we pay from Headquarters here, which were in the majority of cases the earlier discharges, the overpayments were quite heavy. Only the other day I was looking at a statement, and approximately there were 7,100 accounts on which overpayments amounted to about \$72,000. Again, on another statement from one of the districts, on about 3,000 accounts the overpayments would average less than \$3 per man.

By Mr. Redman:

Q. What is the average length of time that it takes an officer to get his post-discharge pay after he makes up his account?—A. The officer does not receive his post-discharge pay as promptly as the man. We pay the man on the day he is discharged, that is, we give him the first payment of post-discharge pay. The officer comes in on a different basis. In his case, he is struck off the strength through the office of a Director of Personal Service branch of the Adjutant General's Department. Then his file is passed through to the Casualty Paymaster, who adjusts his pay account to the date he is struck off the strength, and then it is passed to the Post-discharge Pay Branch. From there the details as to his service, to see that he has had

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the necessary service and one thing or another, is taken from his file, or routine order, nominal rolls, etc., whatever is required to get this information, and it is passed over to the branch of audit of the Judge Advocate General, to pass on the officer's eligibility for post-discharge pay.

Q. All of which time the officer might or might not be looking for a job?—A. He might be looking.

By Mr. Power:

Q. How long does it usually take to go through that routine, from the time the officer is discharged until he receives his post-discharge pay in the ordinary course?—A. I suppose the average would be two or three weeks. There are cases where we put it through in considerably less. There are other cases in which the time is longer; it depends. Taking the case of an officer being struck off strength, another department, the Medical Department, for instance, may require his file, on account of information required as to his medical condition; they require to get the state of his health and so on, and it may not be possible for one to get access to the file so as to handle it.

Q. It is not possible for the officers of the District pay office to handle the cases of officers?—A. No; there are confidential reports that are not available in a district.

Q. Why could not that be sent to the district the same as in the case of the men?—A. The whole proposition is different from that of men; a man's documents are different from those of an officer.

Q. I wrote you a few months ago about an officer in Calgary who made a complaint, and you replied that it was not possible to be able to send those documents.—A. No, I do not think it is practicable. I do not think the Department would be taking proper safeguard to do it. There are many cases of confidential reports that are not public property. In the case of an officer, he has no discharge documents, as in the case of a man.

By Mr. Nickle:

Q. Would it be difficult for you to get up a return showing the list of names and the amounts deducted, in reference to the post-discharge pay of men?—A. A complete list of the recoveries we have made, yes, but it would be a very long list.

Q. Could you summarize that some way?—A. I could do it up to a certain period.

Q. You said there were 7,100 accounts, from which you had recovered \$72,000, and you mentioned 3,000 other accounts which cost less than \$3 per man?—A. Yes.

Q. Can you show in each case of the 7,100 accounts from how many of those a deduction was made, and how many of the 3,000?—A. I could give you that information on a sufficient number of accounts to give you a fair average.

Q. Is the number increasing?—A. There are not the number that there were on the earlier accounts. In the earlier accounts the overpayments were considerably heavier than they are now.

By Mr. Redman:

Q. Could you give us the reason in each case?—A. It would be very hard. We could get the information out for you.

By Mr. Nickle:

Q. Are these the overseas cases?—A. All overseas I am talking about. There is post-discharge paid to men who have not been overseas, but it is on a different basis.

By Mr. Nesbitt:

Q. Do you pay the men who have not been overseas post-discharge pay?—A. No; they are paid either by the District Paymaster in the district wherein they are discharged, or by the Paymaster who pays them on discharge.

Q. But they do get it?—A. Oh yes, they get it. For one year's continuous service they get fifteen days' pay of rank. For two years' continuous service, thirty days' pay of

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rank. For three years or longer, continuous service, forty-five days pay of rank. That is the home service men, men who have not been overseas, whether they are in the C.E.F. units or otherwise.

By Mr. Redman:

Q. Under the new regulation will you pay all men on discharge, or some of them when they are finally discharged by the new "Invalid Soldiers' Commission"?—A. That is a question that has been brought up, but there has been no ruling given on it. At the present time there is nothing in the regulation whereby we can hold back their post-discharge pay. The only difference is in the case of vocational training men; there was a special regulation put through covering their cases.

Q. They do not get it until they finish their course?—A. Until they are through their course, that is in case they start their vocational training on the day of their discharge.

Q. Take the case about which I wrote you, of a young man who had been something like eighteen months in the trenches and was returned here, and when application was made for his post-discharge pay you stated he had been discharged on account of being under age?—A. Yes.

Q. Does that seem reasonable, after he had been eighteen months in the trenches?

THE CHAIRMAN: Did he not get post-discharge pay?

MR. REDMAN: No.

THE WITNESS: The Order in Council reads somewhat as follows—that those are not eligible who are discharged as a minor on his own request or that of his parents or guardians. I know of cases where the boys have actually served in the trenches, but did receive their discharge at the request of their parents or guardians, and according to the reading of the Order in Council they are not eligible to receive post-discharge pay.

Q. Don't you think they should be more eligible for post-discharge pay than a man who stays here on service and then gets it?—A. I think any man who has been in the trenches, providing there is nothing dishonourable, should receive post-discharge pay.

By Mr. Nickle:

Q. I have been directed to the case of a man who served in the trenches and then was a prisoner for fifteen months, and he was refused post-discharge pay?—A. That is the law, and we must follow it.

Q. I understand that a man who has been in the service six months and goes to England and spends three months, and has been at home two years, would get two months pay of rank at \$30, and also three months post-discharge pay?—A. Not necessarily. The regulations at the present time give the home service post-discharge pay, as they call it; active militia post-discharge pay comes under a different Order in Council from that granting the post-discharge pay to members who have served overseas.

Q. Might he get both?—A. He might. Provided he had served, say, two years in Canada and been discharged he would receive it. Then he would join the C.E.F., serve the length of time in the C.E.F. to entitle him to receive post-discharge pay, and receive it; it is entirely two different services.

Q. But supposing he had not been discharged?—A. No, the post-discharge is never paid unless he gets a discharge; Then he gets ninety-one days.

Witness retired.

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MAJOR ANDREWS appeared at the request of the committee. He said: I think the fact has been established that soldiers after service are being discharged in Canada without a dollar, owing to the practice of deducting the bank overdrafts from their pay, and it is entirely against the regulations under which we enlisted, which were called in the old days, the King's Regulations and Orders. In every army in the world, including our own Canadian army, it is stated that a man must be given from one month to two months' leave of absence with pay to enable him to secure re-employment in civil life, and that he was to be given a letter of character, etc., to accompany him. That has never been carried out in this country quite as it should have been. In my own case the leave of absence was taken up by the medical board in adjusting pensions, and that sort of thing, in early days. That matter was finally overcome by this Order in Council, which is a good one, but unfortunately it has that sting in its tail which makes it inoperative in many cases. I have in my pocket a letter from a lawyer who served for three years in France, and he was dependent on his post-discharge pay to get back into practice again, and he applied for it, and finds that every dollar of it has been conscripted, through no fault of his own. That is happening in many cases. There is something in connection with it from the other side. An officer gets promotion from the ranks, and he is on a sort of probation, I think, for four months, and in many cases during that four months he is wounded; he goes back to England, and he reverts then to his original rank. In the meantime he is paid as an acting major, or kept as an extra, and in some cases that have been brought to my attention, it has been nine months before the authorities have found out that he has been overpaid all this time. By the anomaly, this thing only occurs to really active service officers. A man who has received his rank here in Canada as a major, remains a major until he is discharged from the service; but a man who receives his promotion in the field—which is perhaps the best certificate that any man can get—he reverts automatically when he is evacuated as a casualty, and this creates many, many hardships. I think the fact that I want to establish has been established this morning, that men are being discharged without a dollar—which defeats absolutely the purpose and intent of that Order in Council.

By the Chairman:

Q. Let me ask you one question about this last matter you mentioned; a man who is promoted on the field or from the ranks to a lieutenantancy has a four months' probation, you say?—A. Yes, from a lieutenant to a captain.

Q. Then after he completes the four months' probation, what?—A. Then he is gazetted in orders.

Q. And he is paid at that rank; but if he is wounded before he is gazetted in orders, when he is evacuated as a casualty and sent to England, he reverts to the rank he held before this probationary appointment?—A. Yes.

Q. If he has received captain's pay meantime, is that deducted?—A. In very many cases those overdrafts occur in exactly that way.

By Hon. Mr. McCurdy:

Q. In a case such as you have cited, on what would the pension be based—on lieutenant's pay?—A. Yes.

Mr. POWER: I can elucidate that, because it is a personal experience. I was a lieutenant, and was placed in charge of a company about May, 1916, and carried on in charge of the company until September, 1916, when I was wounded—always with the rank of lieutenant. I was returned to a hospital in England and kept on receiving pay as lieutenant until July 1, 1917, and was gazetted as a captain as from 1st July, 1916, and got all my back pay as a captain. Further, in April, 1917, that is almost a year after I had become company commander, there was some kind of order passed that any one who had been a company commander for three months was entitled to be a temporary major; so I got my back pay as temporary major. This almost looks like

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an example of graft, and this was without any work on my part; I was very much surprised when I went into the office in London to find out I was a major, when I was still wearing lieutenant's dress. I called the attention of the board to the fact that I had been an acting major at the time I was wounded, and asked what kind of a pension I would receive. Yesterday I received a letter from the Pensions Board saying I would get so much additional to my pension as a major.

The CHAIRMAN: One would think, Major Andrews, that it would not be possible that they would deduct from the man's pay?

Major ANDREWS: It has been done in thousands of cases.

Mr. NESBITT: In the case of which you speak, Major Andrews, I would like to know how much of that payment was made to the family, where the men did not receive it? I presume it would be only a fraction of his post-discharge pay.

Major ANDREWS (to Capt. Conger): How do these overdrafts occur?

Capt. CONGER: It is because of advances on the strength of post-discharge pay.

Mr. NESBITT: It is just like a payment to any other kind of employee.

Witness retired.

The committee adjourned until to-morrow at 10.30.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, OTTAWA,

COMMITTEE ROOM 318,

FRIDAY, April 26, 1918.

The special committee appointed to consider and report upon the Pension Board, the Pension Regulations, etc., met at 10.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present.—Messieurs Cronyn, Green, Lapointe (St. James), Nesbitt, Nickle, McCurdy, Redman, Rowell, Ross, Sutherland and Pardee.—11.

In attendance.—Col. C. W. Belton, Medical Adviser to Board of Pensions, Mr. E. R. R. Mills, representing Returned Soldiers Associations, and Mr. Archibald.

The chairman read the following statement handed in by Capt. Conger as promised at yesterday's sitting:—

MILITIA AND DEFENCE,

OTTAWA, April 25, 1918.

V. CLOUTHIER, Esq.,

Secretary, Parliamentary Committee on Pensions,
House of Commons, Ottawa.

DEAR SIR,—As instructed by the Chairman of the Parliamentary Committee on Pensions, this morning, I am attaching herewith a statement showing the overpayments recovered by the Post Discharge Pay Branch during the month of December, 1917, for accounts paid at Ottawa. The month of December is, as far as I can tell, an average month and would give a fair indication of what the overpayments, which are being recovered from Post Discharge Pay credits, consist of.

I would be glad to know whether I will be required again by this committee, as I have instructions to proceed on duty to Quebec on Sunday.

Yours truly,

C. G. CONGER, Captain,
Officer in Command Post Discharge Pay.

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POST DISCHARGE PAY.

STATEMENT of Accounts that were paid at Ottawa, during the month of December, 1917.

| | |
|--|-----|
| Total accounts paid (approximately) | 553 |
| Total accounts with overpayments | 225 |
| Accounts on which full recoveries of the overpayments were not made | 6 |

Credits—

| | |
|-------------------------|--------------|
| Total credits | \$114,589 45 |
|-------------------------|--------------|

Debits—

| | |
|--|--------------|
| Total payments | \$100,562 43 |
| Total recoveries | 11,268 23 |
| Amounts carried forward to January pay-lists | 2,758 79 |
| | <hr/> |
| | \$114,589 45 |

| | |
|-------------------------------|--------------|
| Total overpayments | \$ 12,583 95 |
| Total recoveries | \$ 11,268 23 |
| Amounts unrecovered | 1,315 72 |
| | <hr/> |
| | \$ 12,583 95 |

The overpayments are made up as follows:—

| | |
|---------------------------------------|-------------|
| Pay, allowance and advances | \$ 5,355 90 |
| Separation allowance | 1,758 21 |
| Assigned pay | 4,834 47 |
| Hospital charges | 26 71 |
| Dishonoured cheques | 398 84 |
| Fines and forfeitures | 165 22 |
| Deficiencies | 44 60 |
| | <hr/> |
| Total | \$12,583 95 |

In the item, "Pay, Allowances and Advances," a considerable portion of the amount consists of advances against Post Discharge Pay given a soldier upon his discharge, and constitute really a first payment.

Accounts on which recoveries were not made in full, were six in number, as shown before. On four of these the total debits were in excess of the total credits, and no payments on account of Post Discharge Pay were made. One other came in when the three payments had been made, and the remaining one was received after two payments had been issued.

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MINUTES OF EVIDENCE.

Edward R. R. MILLS, of the Soldiers' Estates Branch, Militia Department, representing the Army and Navy Veterans, appeared at the request of the committee.

By the Chairman:

Q. The Great War Veterans have asked that you should come here and give evidence in connection with the operation of the pension law, and Sergeant Jarvis yesterday said you had a list of cases in which they thought there was ground for complaint, or in which there should be some change in the law; have you such information?—A. I have such information.

Q. Just tell us what this information is that the Great War Veterans would like to lay before the Committee.—A. The Great War Veterans Association, Ottawa Branch, appointed a committee about a month ago to investigate the complaints that were continuously being made at our meetings as to pensions, and I was appointed Chairman of that committee. I have with me Comrade Stitt, who was a lieutenant in the army and a graduate of Queen's University, Comrade Jarvis, whom you heard yesterday, and Comrade Sproule, who is an officer in the Canadian forces too.

Q. What branch of the service?—A. Comrade Sproule was in the infantry. I do not think he proceeded overseas; he was an elderly man. We proceeded to hear all the complaints that the men had to make. We prepared a form asking for the particulars, and sent it to every member in our Ottawa branch, some 1,400 members, asking them to send in any complaint that they had to make. We arranged to be there between five and six each day, for the last ten days. Since then we received something like sixty complaints, and we have received during this last week at the rate of seven or eight a day.

I might say that I am a barrister. I served in the ranks overseas as a signaller, with the 17th Battery, C.F.A. I was five months in France. I was twenty-seven months in the army, and I was a signaller during the whole time.

Q. You are now in what branch of the service?—A. I am now in the Estates Branch, Militia Department. We determined to get to the bottom of each complaint, it did not matter whether it was in favour of the men or not. Comrade Stitt, who is in the Statistics Department, helped materially in arriving at facts in this matter. Our complaints divided themselves principally into those without pension at all; among those we had a considerable number of complaints of men not even receiving any notification of not being allowed a pension, or the finding of a medical board.

By Mr. Sutherland:

Q. What proportion of the complaints were of that kind?—A. I should think about twenty out of the sixty.

By Mr. Pardee:

Q. That have not received any notice, did you say?—A. That have not received any notice of the finding of the Pension Board.

Q. How long have their claims been in?—A. Some six months, some seven months, some two months, I have the particulars here, and I am going to leave them with you.

By Mr. Nesbitt:

Q. These men all put in claims themselves, did they?—A. Some of them did not, and some of them did. In some cases our Great War Veterans' Association have written to the Pension Board for particulars.

[Mr. E. R. R. Mills.]

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By Mr. Pardee:

Q. There were twenty of those that had never been dealt with, ranging from two months to six months?—A. Yes.

Q. Of those twenty, how many had put in their claim for pension? How many of the twenty had actually got before the board that was to grant pensions?—A. I could not tell unless I went through the cases. I will find out and let you know.

The CHAIRMAN: Give us two or three cases to illustrate, so that we may know to what class of cases you refer.

WITNESS: The first is J. Delorme, Private No. 772; no pension was granted.

By Mr. Nesbitt:

Q. Did he apply?—A. He apparently applied for a pension. The Board of Pension Commissioners on April 10 replied to his communication informing him that they had given careful consideration to the proceedings of the medical board which examined him prior to his discharge, and the other facts and information on file. "Owing to the fact that you are suffering from no disability which was due to or was incurred during your military service, it has been decided that you are not entitled to pension." That is a circular letter.

Q. Then he got notice?—A. He got notice.

By Mr. Pardee:

Q. What did that man claim a pension for?—A. Rheumatism in arms and legs.

Q. And he was refused a pension?—A. He was refused a pension.

Q. On what ground?—A. That it had been contracted prior to the time of his enlistment; it says here, "suffering from no disability which was due to or was incurred during your military service."

Q. Do you know of that man's condition, of your personal knowledge?—A. The report says, "unable to follow former vocation, as it precludes him from working continuously."

Q. What was his business?—A. Marble polisher, with the Peter Lyall Company, earning four dollars per day previous to enlistment. He is now doing light duty as night watchman, and still receiving treatment at the Fleming Home.

Q. No pension granted?—A. No pension granted; that was refused. I might say that this case is one in which I have not seen the medical board. We tried in fifteen cases, we searched down and saw the medical boards; the pension officials allowed us to see the medical boards, and we are sure of the facts; but in this one I have not. I might say that when the charge was brought we did not know we were coming before the Parliamentary Committee, but we had intended to have every one of those cases verified by affidavit, and when these cases were being taken we warned the men that we wanted simply nothing but the facts, and decided taking but the ones we have taken up. I do not think there is one the substance of which has not been true to the medical board report or to the boards as the Pension Commissioners have them, though the men have slightly varied in one way or another.

By Mr. Cronyn:

Q. Can you give us a case where you were able to trace and see the medical board as to a man not receiving a pension?

Mr. ARCHIBALD: The widows and dependents of deceased men do apply for a pension, and we pronounce whether they are to get pensions from their medical boards.

WITNESS: I might say right here that I am going to make a recommendation that in each case the man should not have to apply for a pension.

[Mr. E. R. R. Mills.]

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By Mr. Green:

Q. He does not?—A. Well, they do not let him know, anyway. I have none. I can give you my own particular case, which I know absolutely from the beginning to the end, and I have not been notified, and I was discharged 31st of July last. I can go through these files, and let you know the number of cases of men who have not heard a word from the Pension Board or any one else, who maintain that they should.

Q. Your contention is that every man who is discharged should be notified as to whether or not he was to have a pension?—A. Certainly; and I am going to make a recommendation, further, that the medical board discharging that man should explain to them their disability, and why they are not recommending them for a pension, or why they are recommending them for a pension, and telling them what per cent they are giving them. The men do not know that.

Mr. NESBITT: The boards are not allowed to fix the percentage.

By Mr. Redman:

Q. They know if they get their pension?—A. They know the result of the Pension Board, which in many cases is different. I can give you a case where it is different. This particular case, that I am going to refer to later, is Private Robert Finter of the 1st Canadian Field Artillery. His first number is 40109, his second number is 144142, and his last number was 2043007. He went overseas in the first contingent and was discharged, and re-enlisted twice and was discharged twice, and finally got in the Home Guards, and they have given him a gratuity of twenty-five dollars.

By Mr. Pardee:

Q. Why do you cite his case?—A. He was allowed a gratuity of twenty-five dollars. This man is suffering from valvular disease of the heart. I have his doctor's certificate; we had him examined on Tuesday. He suffers from spells, and he takes weak turns.

Q. In what condition was he prior to the time he enlisted?—A. Well his own doctor passed him for service, his own family physician. Some years previous to that he had suffered from rheumatism.

Q. Does he say that the valvular condition of his heart was brought on by active service?—A. Well, the medical doctor would not undertake to do that, because they did not have any particular history of him.

By Mr. Cronyn:

Q. This is a case where you have seen the medical report; what did you find from that?—A. We find he suffers from heart trouble, and the report of the board is that he suffers from double murmurs of the heart, stertorous and gurgling at apex.

Q. What is the official medical report?—A. That was the official report—suffering from double murmurs.

By Mr. Pardee:

Q. Do they say why they give him gratuity, or anything else?—A. I have no further particulars. They most likely did not give him a pension because of him having had it previous to enlistment.

Q. I think it is very important that you should get that for us; you are getting down to the crux of what we are trying to get at here; what does his own doctor say? Does he say that he was suffering from this prior to enlistment?—A. I will read you the medical certificate we have here—this is from our own doctor—Mitral valvular disease, heart dilatation extends to the inner line in sixth space, four inches from the centre of the sternum, apical, and so on.

Q. When was that given?—A. Last Tuesday.

[Mr. E. R. B. Mills.]

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Q. This is his own doctor, as I understand; does he say that this man was perfectly fit prior to the time of enlistment?—A. He passed him as such.

Q. Does he say that now?—A. He says, under the head of "history"—inflammatory rheumatism in 1908, which is a possible and probable cause of the heart lesion.

By Mr. Cronyn:

Q. That is just one of the cases mentioned yesterday by one of the medical men?—A. But that man proceeded to England and underwent the hardships of Salisbury Plain, and there contracted bronchitis.

By Mr. Pardee:

Q. The same man?—A. The same man, and was in the hospital there for some time, and there the heart trouble developed to such an extent that he had to be discharged.

Q. What is that man doing now?—A. I have no information.

Q. What was he doing prior to the time of his enlistment?—A. I have no information. It was the first case I dealt with, and we had not decided to take that information.

Q. Have you any concrete case as to why a pension was refused, and the reasons given?—A. I have one here, which I have not investigated to the bottom; I have just his letter and particulars of it.

Q. Have you any finding?—A. I have no final case that we have investigated to the bottom.

Q. Have you the report of the medical board in that case?—A. No, I have just the information from the man complaining.

Q. I would like you to come back with something really concrete as to why and wherefore any pension was refused, and the exact condition of the man, and so on, so that we might be in better position to form an opinion; what you have here, so far as I can see for the moment, does not help us very much?—A. You know, we are handicapped in getting the information.

Q. How?—A. I will tell you how we are handicapped. In the first place the information is more or less confidential that comes through. The board that made the recommendation of course cannot give us their finding it comes through in these particular cases, and the Board of Pensions gives the information. I have not copied it down in full, but the files could be requisitioned, and in each of these cases you could get their side of the story.

Q. Have you not copied that?—A. No, I have just seen it and made notes.

Q. Could you not see it again and make notes, as to what is really fundamental in connection with this matter, and come here again?—A. They may not let us have access to the files.

The CHAIRMAN: It would be better if the witness would give us cases, and then we could hear from the Pensions Board.

WITNESS: That was my idea.

By Mr. Pardee:

Q. Are you in a position now to give us your side of the story, with such information as you have to put before us?—A. I have my information and can continue. The second difficulty we have in getting information is the great reluctance all the civilian medical men have shown toward us in giving us an examination; in fact one reputable medical man in town here has refused to examine our men, that is, for the Association.

Q. You mean, outside the Board?—A. Outside the Board.

Q. You cannot get medical men to examine your men?—A. They have shown great reluctance, one has refused completely, and he is just the man we want to get to look into the condition of our men.

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Q. Is that the man that Sergt. Jarvis spoke about yesterday?—A. Dr. Mayburry was the man who refused us. He said that he felt it would be very undignified for him if his opinion was not taken when it went before the medical board, and it would perhaps cause his loss of professional prestige if he went up and his opinion was not taken. Those are the cases without pension. I might say that in each one of these cases, as in every other complaint of any department that comes before our Great War Veterans Association, Ottawa Branch, we bring it to the attention of the officials who are primarily responsible for setting it right; so each one of these cases has been or will be brought to the notice of the pension officials themselves, and they are given an opportunity to straighten it out, and there is a very cordial relationship between our Ottawa branch and the Pension Board. Sometimes they do not give us what we want, but they make every effort. Then, we come to the second class—of those with pensions reduced. The irritating part of complaints of this kind is that the men in some cases have not been notified of the reasons for the decrease. I will state a case for that; it is the case of Pte. W. Harper, No. 410209, 2nd Battalion. In July, 1916, the English Board granted Pte. Harper a pension of \$8 per month for one year. In July, 1917, it was renewed at \$7.50 per month for one year. Last November it was raised to \$10. In March or April this year it was reduced to \$7.50, no board or explanation having been given.

By Mr. Nesbitt:

Q. They probably have discovered that they were paying him more than he should be allowed?—A. This is a case of a man suffering from valvular disease of the heart, and at the time we took these particulars he was in the hospital suffering from that disability, and sent there by a military doctor. I will take it up further.

By Mr. Green:

Q. Did he have a board when they increased it to \$10?—A. I have no particulars.

Q. You think not?—A. I have no particulars. No, the increase was due to the order in council going through increasing all pensions last November.

By the Chairman:

Q. Was he re-boarded when it was reduced?—A. No; no board or explanation; that is his statement. This is a case in which the reductions were made without a board being held, and the pensioner was in the hospital undergoing treatment at the time his reduction was made. We have another case of Pte. Childs. No. 41704. This man was granted \$8 on the 1st of September, 1916, raised to \$12.50 in November, 1917, and on February 28 was reduced to \$5 per month, no decrease of disability apparent. On February 4 he went before the Pension Board of three, and a week later attended a second board. He has had two boards. The particulars of this man's case are that he was shot through the elbow. The decrease or increase has not varied since last December, as far as an ordinary layman can see.

By the Chairman:

Q. You mean that there has been no apparent increase or decrease in the disability so far as a layman can see?—A. Yes, and they have reduced his pension from \$12.50 to \$5.

By Mr. Pardee:

Q. What is he doing now?—A. He is an orderly at the Estates Branch.

Q. What was he formerly?—A. A farm labourer.

By Mr. Cronyn:

Q. You say he went before the Pension Board of three; I suppose you mean the medical board?—A. He went before the medical board authorized by the Pension Com-
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missioners. This is one case that we have taken up with the Board of Pensions, and on April 11 we asked them to give us the finding of the medical board, and to-day is the 26th, and we have not had a reply to our letter.

By Mr. Nickle:

Q. Have you had an acknowledgment?—A. We have not had an acknowledgment that I know of. Pte. Childs' right arm he is unable to bend, only half way; unable to raise the arm level with his shoulder; and to all appearances his disability is permanent. This man also takes sick spells which are apparently due to the shock he received when he was wounded, and those sick spells incapacitate him for work for a number of days.

By Mr. Sutherland:

Q. Has he been acting as orderly at the Estates Branch during all the time he has been receiving pension, or has he recently been appointed?—A. He has been acting since December.

By Hon. Mr. McCurdy:

Q. Is his pay cut off when he is absent for a few days, ill?—A. It was cut off within ten days, and now they have taken him on with a special company, and the pay is not cut off.

Q. Is he employed as a civilian?—A. He was employed as a civilian up to the formation of a special company of the Canadian Expeditionary Force.

By Mr. Nickle:

Q. How much do you say the man is getting?—A. \$5 a month now; that is a case of a pension decrease. Now, the greatest number of cases and the greatest difficulty we have had, were those of inadequate pensions, and we found them the most difficult to deal with.

By the Chairman:

Q. That is the third class?—A. That is the third class. They usually consist of cases of a medicinal or organic trouble. The pension and medical boards do not seem to have any difficulty when a man has an arm off, or an eye out, or something you can see; but when it comes down to some organic trouble, something wrong with the nerves or the heart or the lungs, or dysentery, or rheumatism, they do not give the same satisfaction as they would in the case of a man suffering from a slight disability. Those other two classes of complaints I have to make I think we can straighten up with the Pension Board one way or the other, but in these I see some difficulty ahead. These cases divide themselves into five groups: those suffering from nerve troubles; heart trouble; tubercular; weakening of the constitution; and dysentery. I have added another one—rheumatism; that makes six.

By Mr. Sutherland:

Q. Are you just dealing with the complaints received from the Great War Veterans of Ottawa?—A. Of Ottawa.

By the Chairman:

Q. I imagine they would be typical of the complaints throughout the country?—A. That is what we feel ourselves; that is why they asked me to represent them. Private Joseph Rigby, No. 7788, 2nd Battalion, enlisted 8th August, 1914, and proceeded overseas. He states that he was gassed and wounded at St. Julien on 23rd of April, 1915; he was also at the battle of Givenchy, where he was blown up and buried by shell fire; he states he does not remember anything after his last wounds were

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received, until he was in Toronto—I do not know the particulars of that—having been returned to Canada in the meantime. He says he suffered considerable disability, and pictures had to be shown to him in order that he might be brought back to consciousness of who he was and where he had come from; that is his statement. In consequence of his final experiences in France, in which he suffered from concussion due to shell fire, Private Rigby is very nervous, easily excited, and subject to attacks of epileptic fits. I was in the hospital with this man last year at the convalescent hospital at Chaffee's Locks, and during the time I was there he took numbers of those epileptic fits, and those fits would last all the way from an hour to seven hours; he would take them in the evening and it would be the next day before he was really in good shape. During that time we just had to hold him, keep his hands from pulling the hair out of his head, and I have taken my turn, and gladly too, of watching him.

By Mr. Nesbitt:

Q. What does he get?—A. At the last medical board given Private Rigby only one officer examined him. He was granted a pension of \$8.50 a month.

By Mr. Nickle:

Q. Is that Miss Richardson's hospital at Chaffee's Locks?—A. Yes. About the 1st of April, 1917, he went to work in the seed grain division of the Department of the Interior. I think he was five months there, and lost approximately four months in the year, due to sickness. He says he was twelve months in that department.

Q. And he lost four months?—A. Yes. I know from my own information that he has had to be taken home from that seed grain division by one of his chums on account of the fits he had, and he was laid off for a number of days afterwards.

Q. You do not know what the medical board said about him?—A. No.

By Mr. Pardee:

Q. He gets \$8.50 a month.—A. He was re-attested and discharged from the C.E.F.; not given his discharge papers yet, April 26, 1918.

By the Chairman:

Q. Did you learn from him whether he had been subject to these fits before he enlisted?—A. I know Rigby well, and up to the time of his enlistment, up to the time he received his concussion, he never had a fit. There never was a fitter man in his battalion, and I have met a number of men and asked them about him and they say that previous to his shell shock he never suffered from any kind of sickness.

By Mr. Cronyn:

Q. Do you know whether his case has been under review by the Board of consultants?—A. Some six or seven weeks ago I saw Private Rigby and while I was with him he took one of those fits. He was in it for about three-quarters of an hour, and shortly afterwards he was sent to hospital, and he is still in the hospital, and this statement was taken from him at St. Luke's hospital.

By Mr. Redman:

Q. He would be re-boarded when he is discharged again; I think that is the rule?—A. The Pension Board would inform you of that better than I can; but when he was discharged he was given a pension of \$8.50 a month, and that man I know personally; I know of no one who would employ him in any kind of work continuously, because they could not afford to do it; he could not be a conductor, because he might take a fit; he could not be an elevator man.

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By Mr. Nesbitt:

Q. If he takes fits, no one would employ him?—A. Total disability is about the only thing, with somebody to look after him, that is an additional \$45 a month.

The CHAIRMAN: What do you mean by re-attesting?

Hon. Mr. McCURDY: He is sworn in again, and put on the pay allowance.

WITNESS: The second case is one of Gunner Charles Bremner, No. 300019. This man also works up in the Estates Branch as an orderly and on the index there. He enlisted the 1st of October, 1914; received shell-shock; buried by shell on the Somme on 19th November, 1916; was treated at Treport, in France, Berkeley, in Devon, Ramsgate, London General Hospital, and arrived at the Fleming Home on November 22, 1917; discharged from the Fleming Home, Ottawa, with a board of two medical men on January 25, 1918, as suffering from shell-shock. Now his pension is nil. That man started to work on the 1st February, I think, and I know of twice in our office where he has taken fits, epileptic or some sort of fits that render him unconscious, and during which we have to attend to him.

By Mr. Pardee:

Q. How often does this happen?—A. He tells me that they happen on an average of one a week.

Q. And he has no pension?—A. He has no pension.

Q. Is he incapacitated for any considerable length of time after those fits?—A. When he was in the office he was not at work for two days in one week, and I do not know how often in the other. We had to get a Militia Department ambulance and take him to his home.

By the Chairman:

Q. Do you know anything of his past history?—A. Yes. He is only a young lad of twenty, enlisted from the Glashan School here. We have a statement of his own doctor. His own family physician states, "suffering from shell-shock; have treated this man before the war in the capacity of a family physician, and at that time he did not suffer from any nervous affection whatever. At present he takes spells in the nature of convulsions averaging about one a week." That is what his own doctor says to-day.

Q. Where did he live?—A. Somerset street, Ottawa.

Q. Who is his doctor?—A. Dr. Tilley.

By Mr. Nesbitt:

Q. Have you anything from the medical board about him?—A. I have nothing. This one has given us considerable work because one of his officers of our Estates Branch wrote to the Board of Pensions some time in March, and received a reply stating something to the effect that he should have seen that the doctor filled in the statement. The doctor filled in the form stating that he suffered from shell-shock. The Pensions Board replied that they had all that information on their file at that time, and sent back another form asking him to fill it in more fully. It was filled in more fully, as I read to you, and forwarded to the Board of Pensions some time about the 4th April. Since then we have had no reply whatever, no attention to the matter. Apparently, it died out.

By the Chairman:

Q. They may not have passed upon it as yet?—A. We have no further information, and that is twenty-one days ago.

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By Mr. Nickle:

Q. Did you get an acknowledgment of your letter?—A. Yes. This man is getting a month's sick leave from the office, with or without pay, I do not know which. Those are the two cases suffering from nervous disorders. The next class of cases are those suffering from heart trouble.

Q. Before you leave this case, I would like to ask if you were at Miss Richardson's Home at Chaffee's Locks last year?—A. I was there six weeks.

Q. How many men were there?—A. Between twenty-five and forty when I was there.

Q. They were all nervous and shell-shock cases?—A. Yes.

Q. What was the result of your observation as to their general condition, their unexpected collapsing, and so on—I want to get some particulars before this committee as to the way in which shell-shock cases act?—A. Every one acts differently.

Q. A man who is apparently well to-day may be a perfect wreck to-morrow?—A. Yes. We had a beautiful lake at the Richardson hospital, and one day we were out fishing; everybody was well, but a thunder storm came up about seven o'clock, and I think they had nine or eleven men absolutely incapacitated, who could not look after themselves. I took my turn in looking after men who were unconscious, suffering from hallucinations, terrified with the thunder storm. Each one acted differently, and a man who was suffering from trouble of the head simply went into unconsciousness. One suffering from shell shock simply could not keep his arm quiet; he was shaking all over, his legs were going, and when you put him in bed he would simply shake all the clothes over him.

Q. If anybody had seen those men just prior to the thunder storm, they would have passed as normal citizens?—A. Yes; they looked perfectly all right.

By the Chairman:

Q. What was your own trouble?—A. I am suffering from shell shock and concussion. I was buried in a dug-out.

Q. By a shell explosion?—A. By a shell exploding under a dug-out; it buried me; I was afterwards dug out.

By Hon. Mr. McCurdy:

Q. Have you thrown off all manifestations of that?—A. The only thing that troubles me now is sleeplessness.

By Mr. Nickle:

Q. Do you live it all over again?—A. I live it all over again. During this great offensive I have lived it all over again, and I awake at night thinking through the sights there, and shouting and rousing up the house. If there is a thunder storm it is the same way. If I read very much, or very heavy work like law reports, I suffer from great depression afterwards; therefore I have not been doing my law work, but have just taken this light work to recuperate. Once I am able to continue, I will go right into my law work.

Q. It affects your general stability?—A. It affects my nervous system. After this session this morning I will be all in for a couple of days, from the mental work I am doing. Previous to enlisting I was never sick.

By Mr. Pardee:

Q. Are you receiving a pension?—A. I am not. I was never notified as to my pension. On the last of January I sent over a minute to the Board of Pensions asking for the necessary forms to fill in. They replied, under the signature of one of the officers over there which I can supply to you, to go to the A.D.M.S. I went to the A.D.M.S., and they told me to go to the Board of Pensions. I took it up with the

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Board of Pensions, and they said, "Write a letter to us." I wrote a letter on the 7th of March, and on the 18th of March I got an official letter stating they had received my letter and the matter would receive due attention. Not hearing anything about it, on the 10th of April I went over and saw Major Buchanan personally and told him how long the matter had been standing, and he said that he would attend to it. The next morning he had my file requisitioned, and he found that they had no trace of any medical board, and therefore the fault did not lie with them—and it did not lie with them, because they had never received a communication from the proper medical discharge board saying that I had been discharged; so in my case the fault is not with the Board of Pensions.

By Mr. Sutherland:

Q. In what military district was that?—A. I was at the hospital at Chaffee's Locks; I was under treatment at the Fleming Home here, and while I was at Chaffee's Locks they discharged me in Winnipeg.

By Mr. Nickle:

Q. Without any medical board?—I. I do not know; upon receipt of my hospital papers from England, I understand, they discharged me; they did not seem to consider it necessary for me to have a board, though.

By Mr. Redman:

Q. When were you discharged?—A. On 31st of July, 1917.

By Mr. Pardee:

Q. And since that time you have just done this work you have spoken of?—A. Since that time I was six weeks in Miss Richardson's Convalescent Camp. When I was discharged she asked me to stay on there, and I was very glad to do it, because I found that her institution was doing me more good than any other I had been in; it was rest, and that is about all I wanted, and away from people. I stayed there six weeks, and came out of there, and the Estates Branch wanted assistants very badly at that time, and asked me to stay on three weeks. At the end of three weeks I was all in; I could not stay another day. I went West—my home is in Winnipeg, and there I did not do anything for a couple of weeks, and they finally gave me work as military representative at one of the tribunals about the middle of November, and I was on there until about the 15th of December, about four weeks, and then I did not do anything until I came back here the first week of January. It was too cold out west, and I had to come back to a milder climate. The most peculiar thing about Miss Richardson's Convalescent Home is this, that the men who go there have no military discipline, but are treated as guests, yet there is perfect discipline.

By Mr. Nickle:

Q. There is no military discipline, but the ordinary discipline of decency?—A. Men are placed on honour, and treated as guests. There is none of this stand-attention, and salute, and stiffness that prevails in the boards; and I am hoping that the Re-establishing Department will follow out the general principle of that.

By Mr. Sutherland:

Q. I presume that that would tend to the benefit of those nerve cases?—A. Yes; with myself, I don't want discipline. It is very easy to handle a nerve case, if you just let him do what he likes; and there is one thing you must do with a nervous case, and that is, you must trust him. I expect to have my own medical board examine me, but I am unable to resume my profession just at present. I am trying to get outside

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work, but I cannot very well get work that will suit me. The next class of cases that we had to submit were those of heart trouble. In those heart cases there seems to be a discrimination and unfairness, and not the same treatment accorded to men and officers. The first case we have is that of Robert Finter, No. 4109. He got a gratuity of \$25. The Board of Pensions in this case informs me that this man is now receiving \$5 a month, but Finter tells me he has not received that yet; it might be coming through; we will assume that it is coming through; it might have gone down through the Mailing Department and be weeks before it comes through. This man suffers from heart trouble, valvular disease of the heart.

By Mr. Nickle:

Q. What is his condition?—A. This man suffers from heart disease; I have not the particulars here, but I can give them off-hand. He suffers from weakness, weak spells, in some cases amounting to fainting, so that when he goes to work he is in some cases like Rigby, he is incapacitated for a certain time.

Q. How does the weakness manifest itself?—A. It affects the muscles; his body becomes useless. Valvular disease of the heart is what our medical men state. I have seen his case, and the Pension Board state that he is suffering from double murmurs.

Q. Could he do hard work—dig a ditch?—A. No.

Q. Could he lift anything heavy?—A. No.

Q. Could he do any heavy manual labour?—A. No.

By Mr. Nesbitt:

Q. What was his former occupation?—A. I have no particulars, but he was an athlete before he joined up, and he did considerable running.

By Mr. Cronyn:

Q. Does the medical board's history indicate anything like rheumatic trouble prior to enlistment?—A. The medical board I say did not, as I can remember, but you can find that from the file. Now, the second case that we had is that of Pte. Harper, No. 410,209.

MR. CRONYN: This takes up a great deal of time. If Mr. Mills could give us the names and we could draw the files we would have all the information. We are getting incomplete evidence here, which means that we will have to open each case again.

MR. PARDEE: I think this witness has given us enough general information along that line; if we could have the files here and turn them up, we could get along better.

By the Chairman:

Q. Does this memorandum contain the full reference to the cases you wish to present to the Committee?—A. Yes. There is one case of heart trouble I want to mention; he gets \$7.50 a month—this Harper man that we have. When this case was taken up he was in the hospital suffering from heart trouble contracted overseas.

By Mr. Nesbitt:

Q. That is when you took the particulars?—A. Yes. He was sent there by Major McLeod, a military man. He was attended there by Dr. Ballantyne, and he was discharged from the hospital last week. He had to see three doctors before we could get them to give even a statement of his present physical condition, and then they gave it very reluctantly. I have the statement here. He saw Major McLeod, who said he would not supply a certificate as it was not in his line, as he was a medical recruiting officer looking after recruits. He sent him to Col. Gardner, who was not in. He then went to Capt. May, at the Invalid Soldiers' Commission, who had him examined in the hospital, and he asked him to fill in the pension form, but he said it was all foolishness to go before the medical board, or something to that effect. He then went to Dr. Ballantyne, who looked after him in the hospital.

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The CHAIRMAN: As I have to go down to the Council, I will ask Mr. Nickle to preside in my absence. As to procedure, would it not be well, after Mr. Mills has given his statement and left his brief with us, that we should ask Colonel Belton and Mr. Archibald to go over all the material, and we might adjourn until we could hear them, say, on Tuesday morning at 10.30, and then have the full history of those cases presented to us. (Mr. Nickle took the chair.)

By Mr. Cronyn:

Q. He saw Dr. Ballantyne?—A. He saw him at four o'clock in the afternoon, and he said, "This is not my office hours. You come around at seven." All he had to do was to fill in this form and state his physical condition. Harper went around at seven, and the doctor said he was unable to fill out the form in regard to that part stating his incapacity as to military service; so the comrade took the matter and came to see me, and he saw me in between each case. I told him to go back the next morning, and he did so, and an hour or two later he came and said the doctor would not fill it in. I told him to go back at three o'clock and I would telephone to the doctor and ask him what was the trouble. I did so, and I had to persuade the doctor to give him this certificate.

By Mr. Pardee:

Q. What was his objection, as made to you personally?—A. Well, he said he did not feel qualified to fill in as to how he received this disability.

Q. Was this man one of the medical board that acts for the Pension Board, or a private doctor?—A. He is a private doctor; he looks after the men at St. Luke's hospital.

Q. Then he was not in any way connected with the Militia Department?—A. Not in any way as far as I know, but you never can tell. However, I persuaded him to fill in his present physical condition, and he did not then tell us whether it was permanent or not permanent; he simply just drew the line through the probable duration of the disability.

Q. Do you go to a private doctor of your own in each case when you want to make an application, or when a pension is not granted and you want to deal with it?—A. No; that is what we had intended doing.

Q. Why, then, did you go to Dr. Ballantyne?—A. Because the pension regulations state that if we are not satisfied with the medical board we can go to our own doctor and get his statement as to our present physical condition, and that will be considered; and if they grant an additional pension on that certificate they pay for your medical doctor.

Q. They pay for the medical examination you have had?—A. Yes.

MR. NICKLE: The Pension Board desire a prima facie case established by independent medical evidence before they will reconsider or rearrange their award.

WITNESS: We had intended getting a private doctor to examine all these cases, but in searching for a doctor we came across objections from Dr. Mayburry, and a great reluctance on the part of others. We have now arranged, however, for one doctor to act for us.

The second point of this heart trouble is that one of our own board of Pension Commissioners is suffering from valvular disease also—whether it is the same or another kind I do not know, as I have not seen his file—and he is getting a full discharge pension, and I think it amounts to \$2,160 a year, that is including allowance for his wife and two children. That has caused a great dissatisfaction among our men.

MR. NICKLE (Acting Chairman): I think that file may as well be brought down.

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WITNESS: I have two other cases of valvular disease of the heart: one case not getting a pension and the other getting \$11 a month, but here is this other man getting that and drawing \$5,000 a year. If these men could work and draw even \$75 a month there would be no complaint, but they cannot work, and therefore they are dissatisfied.

The next class we had was that of tubercular men. There is one by the name of Capt. Waddington; he is the only officer we have. The peculiar part about this man is that he contracted tuberculosis on the Somme in 1916; the board state that. I have a letter from the doctor here that states that he contracted this on the Somme in 1916. He was brought back and treated from 1916 until last July, I think, and then he was given two months' duty. He was afterwards sent to Canada and given three months' leave, and went down to the West Indies, and then came back here.

By Mr. Redman:

Q. He went to the West Indies at the expense of the Government?—A. No, they gave him his pay, and recommended that place, and he went himself. He was discharged in January, with no disability due to service.

By Mr. Nickle (Acting Chairman):

Q. Why do you say that?—A. That is the doctor's statement. It says that he was placed in Category E for discharge, with no disability due to service.

Q. Who gave you that?—A. General Hemming, of Military District No. 3, and it is addressed to Capt. John F. Waddington, Ottawa, and it was handed to me by him.

Q. And he gets no pension?—A. He gets no pension. Capt. Waddington was not satisfied with this, and wrote back saying that it was an anomaly that he should be discharged and not have any disability due to service, especially when it is tuberculosis. Here is a letter signed by Lt.-Col. Argue, president of the standing board here at Ottawa: "In regard to paragraph two, attached letter from margin-noted officer, he was placed in category E, as any man who has had tuberculosis should be placed in that class, no matter how good the cure, or as he prefers to call it, the arrest of the disease. His medical board plainly states that his disability was contracted in France in December, 1916. There is no anomaly about a man being unfit for active service and yet having no disability. In this officer's case his disability due to service is absent, for the present at least, but still he is unfit to be again exposed to the hardships of active service. I might remark that his Halifax board estimated his disability at 35 per cent, at a period from four to six months. On consultation with the other boards we are still of opinion that this man is in Class 2, and any disability as to service has disappeared at the present time." But here is the point: This man is a paymaster, and the Government has undertaken that whenever we can get a man or officer to fill a physically fit want here, the practice is that we will submit his name. Here is a physically fit man and he could fill some office, and we submit his name, and the official reply is that they are unable to do it unless he will sign a waiver that if this comes back on him they will not be liable for any further disability—which indicates that it is likely to come back on him. That man was a bank manager before he joined up, and if his position in the bank is kept open for him and he goes back, he has got even a worse chance of having the disease coming back than if he stayed as paymaster in one of those districts, either in Ottawa or Kingston, or on one of the troop ships.

MR. NICKLE (Acting Chairman): That is typical of the class of case that came before me—a man developing tuberculosis in a minor degree. He was treated and recovered, and was discharged as not being fit for further military service, but suffering no disability. Then, they refused to take him again into the militia for fear he might again develop the disease and be thrown back on the country as a pensioner. I have never been able to see the logic of the situation.

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COL. BELTON: But, Mr. Chairman, I do not think you are stating our policy.

MR. NICKLE: After arguing out the case I said, "You must take either one of the two positions; the Pension Board must give this man a pension, or you must recognize him as a fit man and take him as quarter-master in the hospital." Ultimately they took him, because they could not answer my argument.

COL. BELTON: There is just one consideration. A man has a disability that came on in service, or they may only have discovered that disability while he was on service.

WITNESS: But here is a point: A man goes to France, and goes through the rigours of a camp training after coming from a comfortable home, the camp being wet half the time in winter and fall, as we were during the first part of the war, and then goes through all the hardships and shocks to your system, both nervous and mental and physical, and lives the life that they do in France, and then gets concussions with a shell, and undergoes the shock of all the suffering, or is blown up and buried, and undergoes the suffering from concussion and shell-shock, and then comes back here, and meantime, while under all this tremendous strain he is suffering on behalf of the country, he develops tuberculosis or rheumatism, or weakness of the heart or a weakness of the mind, or nervousness, then when he comes back we refuse him a pension because he had a tendency before he went overseas.

By Mr. Pardee:

Q. They were glad enough to take him, weren't they?—A. Yes. The life over there is so hard that it is bound to tell on a man's strength; and I maintain that any man that goes to France, any condition he had before he went away should be known. Goodness knows, we had boards enough before getting to France. I must have been examined for ten days before I got there, and when I got there I was examined. Surely there are enough medical men to determine whether those men are fit when they get there; if not, it is the mistake of the Government to employ those men. I have read Capt. Waddington's statement because it is the statement of an officer. There is a great disinclination to take the statement of an ordinary private, no matter how honourable he may be, but here is one of an officer.

By Mr. Nesbitt:

Q. You are a little hard on the common private?—A. I was one myself, and I know how hard it was on me. He writes: "I have just had an interview with militia headquarters, and have been told that they will reinstate me in military service if I am willing to sign a waiver that in the event of my succumbing to the same disease I contracted on the Somme—the implication being, of course, that I am liable to relapse—I will not come on the country for a pension. Of course I refuse to release in this manner the country from their responsibility, feeling that, having contracted the disease on active service, I am entitled to some measure of justice."

By Mr. Pardee:

Q. Who signs that?—A. John F. Waddington. That is his statement. I have another by the name of McCarthy, and he is suffering from tuberculosis.

By Mr. Nickle (Acting Chairman):

Q. Can you put that in?—A. I will put that in. I will give you this file.

MR. NESBITT: Leave them both.

WITNESS: The next class is that of a man suffering from weakened constitution. Some men have an arm or leg taken off, and the suffering, and the wound, and the sawing-off, and operations, and the hospital life itself, have weakened the man's constitution; but these things do not seem to be taken into consideration by the Pension Board or by the medical examiners.

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Q. General physical impairment?—A. Yes. This morning I had the case of a man that had had nine operations.

By Mr. Sutherland:

Q. I suppose the fact that the board who allot the pensions do not see the patients has something to do with it?—A. As a rule they do not give you the attention that a medical man would if you were a private patient. It is something like a Sunday shirt-parade; you just walk in there stiff and rigid, and you are under military discipline; it is a private speaking to a colonel, and no matter how friendly the Canadian officers have been in the past, there can never be anything but a gulf fixed between the two; and when it gets down to talking over the condition of the man he gets "Yes, sir," or "No, sir," and the man does not feel inclined to talk. If the medical board, as well, would talk over things with the men and find out what is wrong with them in cases like this it would be much better.

By Mr. Nickle (Acting Chirman):

Q. You agree with my point that the medical board should not be military officers?—A. They should not be military officers; they should be civilians in every case.

Q. That is, they should not be in uniform?—A. They should not be in uniform.

Q. Suppose a man is being boarded, and the medical officer, a superior officer, asks the private a question as to his condition, and the private answers him, and the superior medical officer contradicts him, can a private contradict the medical officer again?—A. Well, not with any degree of safety. It would not be advisable to. He would tell him—I don't know what would happen.

Q. It would be a breach of discipline?—A. It would be a breach of discipline. And here is another point. I have been before enough medical boards, and before I went away I was honourable enough to get through in my profession, and like any other man I consider that any distrust in me is a personal slight, and hundreds of our men feel the same way, because they were not soldiers before they went away, they were civilians, citizens of the country, holding good positions in some cases; but when you go before a medical board you are treated as a malingerer, if you are a private. They disgust you to start with, and in some cases I have heard them almost tell them to their faces that they were liars. I can quite understand that in the army some men would like to get over the medical officer, but when a man is being discharged, when he has got through all the hospitals, to be told that he is a liar or distrustful, it does not leave a very good impression on a man going out. He very often shuts up like a clam, and goes to a private doctor.

By Mr. Green:

Q. What is your opinion as to how that state of affairs has been allowed to come into existence?—A. It is due to the present military officers not fully understanding what military discipline means because they have never had experience before. You make a man a colonel who has never been anything else but a doctor before, and when he goes in there he knows that the men owe him certain respect, but he does not quite understand how the respect should be shown, and thinks that one way of showing respect is by standing to attention and saluting.

By Mr. Sutherland:

Q. One of the witnesses yesterday, I think Sergt. Jarvis, stated that discrimination was shown between officers and men by the medical boards favouring the officers. What is your opinion of that?—A. I have only one case, that of Capt. Labelle, and these other three men I have mentioned. In those cases there has been discrimination shown as far as I can understand.

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By Mr. Nesbitt:

Q. In other cases, ordinarily not?—A. We have not had enough complaints to find out, but from the information I have that is my opinion. On the other hand, there is Capt. Waddington; there has been no discrimination in his favour, anyway.

By Mr. Nickle (Acting Chairman):

Q. Do I understand you to say that in your judgment, speaking for your association, you think that justice would be more nearly reached in the relationship of doctor and patient, rather than that of colonel and private?—A. Undoubtedly. The relationship of colonel and private is so artificial.

By Mr. Redman:

Q. Pensions are awarded after discharge, are they not?—A. No.

Q. The two are simultaneous?—A. The same board discharges and grants the pension.

Q. Does a man cease to be a soldier before he is boarded?

Col. BELTON: No, not before that board is held; he is a soldier, and these officers are employed by the Militia Department to advise them whether the man should be discharged or not.

Mr. REDMAN: But the Board which gives his disability—the Pension Board?

Col. BELTON: That is the board that advises the Militia Department whether the man should be discharged or not.

Mr. REDMAN: It is the same board?

Col. BELTON: Yes. Their primary duty is to advise the department.

Mr. NICKLE (Acting Chairman): And he is examined while he is a member of the forces, (to witness). Have you any more cases?—A. If your re-attesting board think you are sick you can go and be re-attested and get your pay and allowances; but I have heard men say that you have to convince the medical board that you are medically unfit; then you have to get another one to convince them that your medical unfitness is due to service; and the average man cannot afford to employ two medical boards to convince the other one.

By Mr. Sutherland:

Q. In Ottawa it is easy enough to get to the Central Board by way of appeal?—A. I think the Great War Veterans will have to set up a medical board to present the cases to the medical boards here, if we don't get this adjusted differently.

The next case I want to present to you is that of a weakened system. This man has 28 wounds on him, peppered all the way down from the head right down to the heels with shrapnel. Pte. P. A. Coutier, No. 40109, address 842 Bank Street, Ottawa, he is wounded in the hip, abdomen and leg. I have not his medical board, but here is something. When this man was examined for his final discharge—and I pressed him very, very carefully to get the particulars of the thing—and was discharged from the Fleming Home, Ottawa, on 18th January, 1918, he says he was not examined by Col. Argue, who was one of the members, or by the third member of the board, but only by Capt. Laidlaw who has been treating him all the time in the hospital. Col. Argue and the other two men have not any personal knowledge except what Capt. Laidlaw told them, and those men, of course, passed upon his discharge. He walked in, stripped, to the room, and he heard a remark, he thought it was Col. Argue, "He has been very well peppered." He was then walked out, and there was no particular examination, I have asked him very carefully on that question, and he is prepared to state that on oath; but he has a captain and a colonel and a major to go against, and he has a pretty poor chance.

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By Mr. Nesbitt:

Q. And Capt. Laidlaw had been treating him?—A. Yes, and the other two doctors did not examine him.

Q. They would take his word?—A. But they did not examine him.

Mr. NICKLE (Acting Chairman): Col. Belton, three men are supposed to be present?

Col. BELTON: Yes; where three men sign it, they should all see the case.

Mr. NICKLE: They are not supposed to sign in blank?

Col. BELTON: No.

WITNESS: Any attention I got from Col. Argue in Fleming Home was excellent; I have no complaint myself, but a large number of boys are complaining about it. This man Coutier, if he walks much during the day, cannot sleep at night. He has a wound right across the hip, and running around to the front. He has ankylosis of the knee, but his constitution is weakened. You can see that the man is weak and suffering. At present he has to use plasters on the hip to make the irritation even; he has still three pieces of shrapnel in his body. He is an orderly now in the militia, married, and receives \$5 a month pension. On March 22 he complained to the Board of Pension Commissioners personally,—I don't know who he saw there—but was told personally that he would have to go before the same board and that they would not give him any more.

By Mr. Nickle (Acting Chairman):

Q. Could that man do hard work?—A. No, he could not commence to enter the labour market. He was a photographer before he went away. This man was suffering also from shell-shock and concussion. The shell blew him up, and he lost consciousness, and he regained it five days later on the ambulance train going into Sheffield. He was in the same hospital in Sheffield as I was, and I know something about it.

Now, a case of dysentery. Here is a man we have had considerable correspondence on, and I have taken it up with the Board of Pension Commissioners. This man served with Canadian forces at Salonika, Egypt and France. While at Salonika he contracted dysentery. He received treatment in several hospitals and was returned to Canada, spending some time in the Convalescent Home here in Ottawa. He was discharged on December 16, 1917, as incurable, for the disease had become chronic. His name is R. T. Moore, private, No. 50779. He received a medical board at St. Luke's Hospital which recommended 25 per cent pension, but at the present time he is losing weight, he is inconvenienced a great deal on account of his disease being chronic, and suffers a great deal. He cannot go out to a social evening without making arrangements to ease himself, and it catches him very quickly sometimes. If he goes to work he is in the same condition.

By Mr. Redman:

Q. Is that from shell-shock?—A. No. He contracted it in Salonika.

By Mr. Nickle:

Q. What does he get?—A. No pension and no gratuity. That man is off his work, and he takes a bad spell, and when he is at work he will be perhaps off a day in the office.

Mr. NICKLE (Acting Chairman): Could you synopsise these cases and hand them to Col. Belton for reply which will be put in on Tuesday?

WITNESS: Yes. The next we had were complaints of administration up at the Board of Pensions. We had a large number of those. These complaints consist chiefly of not getting replies and also delay in notifying men of the Board findings. I do not know whether I am wrong, but should not a man know everything that has been said

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about him when you are defining his right to a pension or a gratuity? It is the law, is it not, that he should be entitled to everything that has been said about him? The man himself should be entitled to anything that the Board of Pensions have before them in order to decide on his claim for a pension.

Q. That is to say, his file? That seems reasonable?—A. To see his file, including the finding of the medical board? I think there are confidential regulations not permitting anyone to know what the finding of the medical board is. I have taken up this matter and they have explained to me their difficulty—we find there are some difficulties. However, we are quite prepared to help out if we can, because in these cases we are trying only to blame the people that are responsible.

Q. Do I understand you to say you think you should get this statement as to the disability of a man as those facts are represented to the Pension Commissioners?—A. Yes, that is what we want.

MR. ARCHIBALD: That is exactly what is happening now in the new medical boards. The statement and description of the man's condition is now read to the man, and he is asked if he is satisfied and if not satisfied to say what complaint he has, and to put it all down on paper. The board that discharges him is sent on to us immediately.

WITNESS: That may be the regulation, but I don't think they are carrying it out, because I have a case dated only the 18th of this month and they were not told. Here it is, discharged April 5, 1918, and not advised as to his pensionable disability.

By Mr. Nesbitt:

Q. As I understand it, the medical board are not allowed to advise as to the class he will be put in, but they send a full report to the head office here, and they make it up?—A. Why should not the men be advised as to the report?

Q. They read over his answers to him and ask him if there is anything he wants to add to that?—A. But they do not tell him his physical condition.

MR. ARCHIBALD: Yes, they read him his physical condition, but they don't tell him about the percentages. They read him the description of his physical condition, anyway.

MR. REDMAN: Then there is a confidential report also?

MR. ARCHIBALD: I don't know. In most cases there is no question of confidence in it at all; they simply make a report on it. There is no particular object in their reading to him some report in regard to the history, or anything like that, but they do read to him a description of his physical condition as they understand it.

WITNESS: The name is Frank McGovern, No. 311, Corporal C.O.R.C.E., and he told me, and I brought it up for no other reason than this, that when he was discharged on April 5 he was not told.

MR. NICKLE: I think you are working at cross purposes. I think he means that the medical board refused to tell him the percentage of his disability under the new orders. They do not use figures; they use language to describe it.

WITNESS: They would not tell him anything. We find, of course, that they are very much over-crowded with work up there, terribly so; that is one reason they are so long in dealing with the cases.

MR. NICKLE: (Acting Chairman): Is it agreeable that Col. Belton should draw the files, and that Mr. Mills should be present on Tuesday when Col. Belton makes his statement, and then if he wants to reply, he can do so?

MR. SUTHERLAND: Would it not be well to have the representatives of the Great War Veterans Association for the whole of Canada here? The cases we have had to-day are from Ottawa only?

MR. REDMAN: We are not ruling on these cases; we just take them as evidence.

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COL. BELTON: I think if we were given an opportunity to outline the procedure of the Board of Pensions, it would explain every anomaly that has arisen. All that Mr. Mills has said to-day is quite reasonable and easily explainable.

MR. NICKLE: Col. Belton, will you also look up this case—Pte. James P. Lawless, 872, Canadian Army Medical Corps. Prior to enlistment this man was an attendant at Rockwood Hospital in Kingston; he went overseas with the Queen's University Hospital, and on discharge the medical board found his disability at 60 per cent. Your board reduced it to between 20 and 24 per cent, and although the man was only an attendant at the asylum his condition is such that he cannot continue his work, and they want to know why the pension was reduced so radically. If any members have cases, will they please submit them to Col. Belton?

MR. SUTHERLAND: I have one—Sergt.-Major Arthur R Tooke, No. 10822, 4th Battalion, C.E.F.

Witness retired.

The committee adjourned until Tuesday next, April 30, at 10.30 a.m.

APPENDIX No. 2

MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 318.

TUESDAY, April 30, 1918.

The committee met at 10.30 o'clock a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present: Messrs. Cronyn, Green, Lapointe (St. James), McCurdy, Nesbitt, Nickle, Pardee, Parent, Redman, Ross, Rowell and Sutherland.—12.

The minutes of the previous meeting were adopted as read.

The chairman read a letter *re* Private Ralph Brown, formerly of Hamilton, Ont., which was ordered printed.

Records and statistics were produced by Mr. Archibald and considered by the committee, as follows:—

(1) Respecting the cases related in the communications received from the mayor of Lindsay and the Canadian Institute for the Blind.

(2) Respecting the present pension list, (a) non-commissioned officers and men, and (b) officers above the rank of subalterns; also, the aggregate amount of pension received by them.

(3) Respecting the rates of pensions payable to officers and men in allied countries, Great Britain and other British Dominions, all of which were ordered printed for records. *See* Addendum to No. 4 Proceedings.

The committee then proceeded to further consider the cases of complaints submitted at a previous meeting by Mr. R. R. Mills, which were inquired into and reported upon by Col. C. W. Belton of the Board of Pensions. Further consideration was ordered.

It was ordered that Lt.-Col. Colin Russell of the Medical Board of Consultants, Militia Department, be requested for attendance to give evidence in respect to cases resulting from shell shock amongst returned members of the Canadian Expeditionary Force.

During the course of the proceedings the vice-chairman presided owing to the chairman being called away for ministerial duties of importance, elsewhere.

The committee then adjourned until Wednesday, May 1 at 10.30 o'clock a.m.

N. W. ROWELL,
Chairman.

V. CLOUTIER,
Clerk.

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MINUTES OF EVIDENCE.

HOUSE OF COMMONS, Ottawa,
COMMITTEE ROOM 318.

TUESDAY April 30, 1918.

The committee met at 10.30 a.m., the chairman, Hon. N. W. Rowell, presiding.

KENNETH ARCHIBALD recalled and examined.

By the Chairman:

Q. You referred to some letters and were to make a report on the contents of those letters?—A. One of these letters is from the mayor of Lindsay. He referred to two cases, one regarding Mr. Frank Labell, whom he described as an old, hard working, honest, industrious Frenchman, now about 70 years old, and pronounced 90 per cent disabled by the doctor. I had a report prepared with regard to this case.

Q. Just tell us what it is?—A. The soldier in this case was killed in action November 17, 1915. He lived with his father and two married sisters. According to the separation allowance and assigned pay report, there was no separation allowance nor assigned pay, paid to the father. At the time of the soldier's death the father was self-supporting, but in November, 1917, he met with an accident and injured his shoulder, so that he has since been unable to work. His disability is estimated to be 75 per cent, and his condition will not improve, according to Dr. Blanchard, of Lindsay, Ontario. One daughter does not assist in any way. The other does not aid financially, but keeps house for him. Both daughters are married. The soldier was working in Toronto previous to enlistment, and was in the habit of sending home \$15 per month of the salary he was earning. Applicant owns a home worth \$500. He has no other income. That is what we call a case of prospective dependency. At the time of the soldier's death the father was earning his own livelihood and there was no separation allowance or assigned pay. Two years after the soldier's death he got injured, and thereupon became absolutely incapacitated from earning his own livelihood. We cannot give a pension for the reason that the regulations say, "Wholly or mainly dependent at the time of the death." They do not say, "at the time of death", but that must be read into it.

Q. What is your explanation as to the other case?—A. The other is the case of the father of Pte. Ivan E. McGill. The Mayor of Lindsay remarked in regard to that case that Mr. McGill is a paralytic. The son who lost his life in the war was the only support he had. He is perfectly helpless, cannot do anything, and unless his relatives assist him he will be a burden on the municipality if he does not get the pension justly his. With regard to that case, the soldier was killed in action on April 8, 1916. He had lived in the United States for fifteen years, and had never assisted the applicant. He is married. According to the separation allowance and assigned pay statement there was no separation allowance nor assigned pay paid. According to the mother's application form she was in receipt of \$20 per month from the separation allowance. The separation allowance and assigned pay statement has not yet been verified, but will be. We wrote over immediately to have that verified. The father had a paralytic stroke four years ago, and the mother earned a livelihood by keeping a boarding house. She has had to give this up on account of ill health. They have no home and no income at present and are living on the deferred pay of the deceased which amounts to \$175. The applicant states that deceased contributed \$40 a month previous to enlistment, but no proof of this fact has been established.

By Mr. Cronyn:

Q. Did you say the soldier was married?—A. No, he was unmarried.

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By Mr. Nasbitt:

Q. He lived in the States and I think you said he was married?—A. Yes, he lived in the States. That statement, "He is married," refers to the applicant, the father.

Q. Not to the soldier?—A. Yes, it does not refer to the soldier. In the second to last paragraph it says, "deceased was unmarried." That is another case where there was no separation allowance and no assigned pay, and therefore the mother or father could not have been mainly dependent upon him at the time of his death, because if she does not get assigned pay or separation allowance, she must live on something, she must be dependent upon something else apart from the soldier. It is another case where, if the soldier had returned, he might have supported his mother.

By Mr. Ross:

Q. Is that always conclusive? Does it not often happen that some of these people do not ask for separation allowance?—A. I have known cases of that kind myself. If they are too proud to ask for separation allowance, they must be getting support from somewhere else.

Q. They may be getting assigned pay?—A. In this case there was no assigned pay or separation allowance. We require that the soldier shall show a desire to maintain his family. If he does not assign pay he does not show that desire.

Q. I know cases where mothers would not take assigned pay, where they may have \$1,000, but when that is eaten up and the soldier gets killed, why should they be debarred from any benefit?—A. I do not think they should be. I am not arguing in favour of the law as it is at present. In fact I object to it very strongly, because we are disappointing such a tremendous number of those widowed mothers who were looking forward to support from their sons in their old age, but who still had enough to support themselves meantime. I would say that the law should be changed if possible, to provide that when a parent became incapacitated or reached 60 years of age, he or she should be entitled to retire from any work they were doing, and entitled to a pension on account of the fact that the son had died. Of course that might have to be modified a little bit because there might happen to be several sons.

By Mr. Cronyn:

Q. Why not a general old-age pension?—A. Well, why not? I am quite strong in favour of a general old-age pension, too, but it costs money.

Q. You should make it general?—A. That is what this would amount to. This would really amount to an old age pension, only it would be much bigger than an old age pension.

By Mr. Sutherland:

Q. Does the Pension Board accept the fact that separation allowance and assigned pay have been paid as evidence in awarding a pension, for instance, in the case of dependent children? I have a case in mind now where the Board are asking for birth certificates of children born in England. It is very difficult to secure those certificates, yet the assigned pay and separation allowance has been paid on behalf of those children for years?—A. We grant a pension to them as children all right, but if they are boys we must know that they are under 16, or if girls, under 17, and we also must know the exact date of the birth so that when they reach sixteen or seventeen their pensions may be stopped.

Q. Will the board accept an affidavit to that effect?—A. Oh, certainly.

Q. It is sometimes a difficult thing to prove?—A. If there is a difficulty in getting the birth certificates, we have instructed all our district officers to take affidavits and these affidavits will be substantiated later by the procuring of birth certificates if possible.

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Q. I should think there would be a great deal of difficulty in getting the papers. I have a case in mind now where a soldier is sick in bed and his family are in straitened circumstances and the matter has been delayed for months past, and no allowance has been made for those children so far, yet the assigned pay and separation allowance have been paid to them right along, until the soldier received his discharge?

—A. If you would give me the name of that case I could make a report on it.

Q. I will, and I will provide you with the affidavit which has been sent in.—A. Would the affidavit state when the children were born and so on?

Q. Yes?—A. I will make a report.

By the Chairman:

Q. Then the net effect of your testimony is that these are cases where, under the law as it now stands, the Pensions Board cannot grant any redress, and that if in the judgment of the Committee they are cases of a class in which relief should be provided, it would be necessary to amend the existing law?—A. Yes, absolutely, it would be necessary to amend the existing law, and these cases are only a few among possibly three or four hundred that we have seen. I find myself writing almost every day on files "prospective dependency, no pension."

Q. Are these cases fairly typical of the class of cases that come before you?—A. Yes, these are more or less typical. There are so many different kinds of cases that may come in, so many different ways of a person becoming poor and in need, and so many different ways for the sons to help the family, that it is hard to say they are exactly typical, but they are fairly typical.

Q. Would it help our understanding of the matter if you gave us a few more illustrations of the class you have in mind?—A. Well, I could give some illustrations, I cannot remember the names, of course, but there is a woman out in Vancouver—I think it is Vancouver—who is keeping a boarding house at the present time, and she makes her livelihood in that way, and as is always done, her son assigned her his pay, and she got separation allowance. The separation allowance and assigned pay people had no means of investigating this case at that time, or I doubt whether they would have given her separation allowance, because it was quite clear that her son altogether was not her sole support. She, however, was receiving \$40 from the son by way of separation allowance and assigned pay; she was receiving probably about \$60 from these boarders, and we could not give her a pension. She will become old, and probably will have to give up her boarding house in a certain number of years, and by that time she would have been dependent on her son had he lived, or might have been dependent upon him. Another case is that of a woman who is in a bank in Fredericton. I think I brought this case up the other day. She has an income of about \$850 clear. She cannot get a pension because she does not need it, but she will need it in a few years.

Q. Those four cases would fairly illustrate the general class?—A. Yes; they would fairly illustrate the general class.

The CHAIRMAN: Perhaps we had better hear from Col. Belton this morning, and we will take up these matters later with the witness.

WITNESS: I think Col. Belton might give the evidence with regard to these other cases that you gave me, sir, about the institution for the blind.

By the Chairman:

Q. If there is anything further you have to say with reference to any of the cases we shall be glad to have it.—A. There was a letter from the Canadian National Institute for the Blind, addressed to the Hon. N. W. Rowell, with regard to two cases. One of these cases was the case of Pte. Wm. French No. 8553, Royal Canadian Regiment, receiving a pension of \$11 a month. I may say that is one of the active militia cases, not the Canadian Expeditionary Force at all. He is getting a pension

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of \$132 a year on account of having been materially disabled, not in the presence of the enemy. If he were a C.E.F. man he would get I think probably more than \$240 a year.

Q. In the active militia they have not yet abolished the distinction between injuries received in the presence of the enemy and those not received in the presence of the enemy; and there is a distinction between them in the pensions regulations as applied to the active militia and the Canadian Expeditionary Force?—A. Yes, and from that point of view it would seem to me most reasonable to make the pensions for the militia man and the Canadian Expeditionary Force man the same under the same circumstances. We have quite a number of cases in which militia men have been guarding canals and have, perhaps, fallen into the water or injured themselves in one way or another. Now, they are entitled for total disability to \$264 per annum, whereas Canadian Expeditionary Force men who have been doing duty of exactly the same description and who have been totally disabled, would receive \$600 a year, more than twice as much as a militia man, although doing exactly the same duty and receiving disability to the same extent. It seems to me that if the pension is for the maintenance of the man, and it is considered that \$600 is needed to maintain a man, it is absolutely clear that \$264 will not do so.

Q. Who would be the proper official in the Department of Militia and Defence to give us information with regard to the question why these pensions are not the same?—A. I do not think anybody could give you any real, definite reason why the pensions scales are not the same, except it would be Mr. Nickle, he might be able to give you more information than any one else, because it was he who had most to do with drawing up the regulations for the C.E.F. pensions. Before the Order in Council of June 3, 1916, was passed, all pensions for both the active militia and the C.E.F. were \$264 for total disability, but then the Order in Council was passed, increasing the pension of the C.E.F. men and members of the Naval Force.

By Mr. Nesbitt:

Q. Did it not recommend that the distinction between injuries to men who were not in the presence of the enemy and those who were should be abolished?—A. Yes, you did away with the distinction between being in the presence of the enemy and not being in the presence of the enemy and you brought in the percentage idea, but you did not bring in any percentage idea at all with reference to the militia men or the permanent force.

Mr. NICKLE: The original scale, I think Mr. Nesbitt brought it up when the first committee was appointed, and the Orders in Council dealing with pensions were brought before the committee. A discussion took place as to whether or not a new scale should be elaborated for all the forces, but it was getting near the end of the session, and the committee decided that the pensions for the Canadian Expeditionary Force were clearly inadequate, but they were dealing neither with the question of pensions for the permanent force nor with the pensions of the other branches of the force; that was more than we could possibly do in the session, so we brought in a recommendation strictly in connection with the Canadian Expeditionary Force, and for that reason the members of the home forces, the militia, did not get it.

The CHAIRMAN: Do you think, Mr. Nickle, that there is any sound reason for a distinction between the pensions for the men in the home forces and the men in the Canadian Expeditionary Force?

Mr. NICKLE: It is a pretty large question; there are a great many things that would have to be very carefully considered.

Mr. ARCHIBALD: There was a case brought up in a letter from the Canadian National Institute for the Blind, in reference to Private W. D. McMillan, No. 210659, of the 21st Battalion; his disability was optic atrophy. The disability is the result of shell-shock, having been struck in the back and buried by frozen earth thrown by a shell. The pensioner can distinguish daylight from darkness with right eye, or can

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count fingers with right eye at a distance of eighteen inches. Left eye is weak. Disability is permanent and progressive. English board says he will go blind in time.

Medical board held at London area station, May 2, 1917, estimates a disability of 50 per cent with pensionable disability only three-fifths of this percentage. Man said right eye had been weak for two years prior to enlistment.

Medical board at discharge depot held on July 3, 1917, estimates a 50 per cent disability.

Medical board held at Spadina military hospital, October 18, 1917, estimates a disability of 60 per cent.

Pension awarded, commencing February 1, 1917, in Class 12 (45 per cent disability), amounting to \$22.50 per month, also allowance for wife at rate of \$13.20 per annum and child at rate of \$54 per annum.

By Mr. Nesbitt:

Q. Previous to the commencement of his pension he had been kept in one or other of the services?—A. Yes, he had probably been at the Spadina military hospital.

By the Chairman:

Q. Colonel Belton, I understand can tell us why 45 per cent was fixed?—A. I understand the reason why that 45 per cent was fixed was that there was an estimated disability of 60 per cent, only three-fifths of which was due to service, because one eye was weak before service, and three-fifths of 60 per cent would bring it to about 45 per cent; that is what I understand.

Q. Is there anything further?—A. I addressed this letter to you, sir:—

“OTTAWA, April 27, 1918.

“From the Board of Pension Commissioners for Canada, Ottawa,

“To Hon. N. W. ROWELL, M.P., Ottawa.

“*Re* ASSISTANCE ALLOWANCE FOR THE BLIND.

“SIR,—I have the honour by direction of the Board of Pension Commissioners to state that this matter has been brought to the attention of the medical adviser, and his attached statement in regard to the question of assistance allowance for the blind is self-explanatory.”

In another letter from the Canadian National Institute for the blind to Hon. Mr. Rowell, the general question with regard to the additional allowance for helplessness on account of blindness was brought up. The medical adviser for the board of Pension Commissioners made the following statement in reference thereto:—

“*Re* assistance allowance for the blind, clause 14 Pension Regulations reads:—

“To those who are totally disabled and who in addition are helpless so far as attending to their physical wants is concerned, a further allowance may be made of an amount not exceeding three hundred dollars per year.

“1. This would apply to pensioners confined to bed, and unable to attend to the least of their physical wants. It would apply to others who might be able to get about, but who required to be fed and dressed by an assistant. Others could only get about in a wheeled chair.

“2. The blind man can attend to all physical wants and only needs an assistant, when he goes beyond the confines of his home or its surrounding. In proportion to the men requiring constant assistance, and to whom an allowance of \$300 has been made, the blind man's allowance is more than ample. The scale of allowances for blind men for the first six months, to admit of accom-

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modation, is at the rate of \$175 per annum (\$87.50 for six months), and thereafter at the rate of \$150 a year.

"3. All cases of blindness are treated alike.

"C. W. BELTON, Colonel,
"Medical Adviser."

I made the footnote, "Since November, 1917, the men would be entitled to \$200 per annum (\$100 for six months) and \$175 per annum subsequently." The commissioners decided that when the special allowance was increased from a maximum of \$250 to \$300 we ought also to put up the amount proportionately for the blind men and any other totally disabled and helpless people.

Q. What do you think of their complaint and request for better treatment?—A. I am in agreement with the medical adviser of the Commission; that if the principle is laid down that the man must need constant attendance, day and night, before he is to have the total amount of the special allowance, then the blind man who does not need assistance day and night, but only when he needs to go out on the street and that sort of thing should get a great deal less than the one who needs constant assistance day and night; for instance, you have a man totally paralyzed, or with both arms and legs off, he would be clearly entitled to the maximum amount; now if he is entitled to the maximum amount, then it is impossible that the blind man should be entitled to the maximum amount also.

Q. You see what Mr. Vietes writes:—

"This allowance is granted to us for personal attendance, but I can assure you from my personal experience that this amount is not sufficient to secure the services of a competent boy as guide in the city of Toronto, at any rate. I have also just learned that the Department of Soldiers' Civil Re-establishment here in Toronto is granting an allowance of \$5 per week to a blinded soldier who is doing some vocational training work at the Canadian National Library for the Blind, which sum is to be used for providing a guide. This amount is much more than the sum allowed by the Pensions Board at present. We are of the opinion that the total additional allowance of \$300 should be paid to the soldiers, and that these blinded soldiers should be allowed the same amount."

Q. Then Mr. Archibald, you were going to look up a number of persons in receipt of pensions and also the amount received in pensions for twelve months in each case.

—A. I have a very big statement here in regard to pensioners of all ranks, showing the number of persons in each rank and the total amount of pensions being paid. There were at March 31, 1918, 14,077 privates receiving disability pensions.

Q. How much do they get?—A. They receive, or are receiving \$2,741,923.80 per annum; there were 1,408 corporals receiving \$268,639.80 per annum.

By Mr. Nesbitt:

Q. Did you carry out the average of these privates?—A. I did the sum myself, but I haven't it here. The average pension for the private would amount to \$194.80.

By Mr. Cronyn:

Q. Does that include those killed?—A. No, these are only disability pensions. There were 1,062 sergeants who were getting \$216,612.92; there were 24 staff-sergeants, getting \$4,693.31 per annum; there were 43 company quartermaster-sergeants getting \$9,827.58 per annum; there were 105 company sergeant-majors getting \$21,307.92 per annum; there were 33 regimental quartermaster-sergeant and regimental sergeant-majors getting \$8,494.80 per annum; there were 9 warrant officers getting \$3,406 per annum; there were 357 lieutenants getting \$109,492.80 per annum.

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Q. Have you got the total pensions of these up to that rank?—A. No, not added up. There were 133 captains getting \$48,346 per annum, there were 57 majors getting \$20,814 per annum; there were 17 lieutenant-colonels getting \$14,430, and there were 2 colonels getting \$2,602.50 per annum. The total number of pensions of all ranks was 17,325 and they got \$3,481,933.08.

By Mr. Nesbitt:

Q. That is for disability?—A. Disability, yes. I have already given you the average pension for privates at \$194.80. The average over all was \$197.40, making a difference between the average pension for the private, and the average pension for all ranks \$2.60 per pension per annum; so that if you put the privates up \$2.60 and put everybody else down to the same figures you give the privates, it would give exactly the same money.

By Mr. Sutherland:

Q. That is hardly a fair presentation of the case, because the proportion of the privates is so much greater than that of the officers.—A. Yes, I know, but that is the actual amount of pensions paid. The average pension of \$195 would be a pension of about 33 per cent disability.

By Mr. Ross:

Q. That does not include pensions given to widows, children or dependents?—A. No, I could get you a statement as to how many total disability pensioners there are, but it would have taken us two weeks to make it out, so I took this basis.

Then we have dependents of various members of the forces; I have worked out the total, but there is no differentiation made between how many widows there are or how many widowed mothers and fathers, etc. There were 8,551 pensions given on account of deaths of privates, and the money paid out on that account is \$3,997,824 per annum; we have given 689 pensions to dependents of corporals.

By Mr. Cronyn:

Q. Of course you are giving these totals for the year; part of that year was under the old scale and part under the new scale?—A. I have figured in all cases what would be just about the liability we would have for the next year provided we do not grant another pension. We have 689 dependents of corporals who are getting \$328,832 per annum; we had dependents of 631 sergeants who are getting \$324,228 per annum; we have dependents of 10 Staff-Sergeants who are getting \$5,236 per annum; dependents of 25 Company Quartermaster Sergeants, getting \$12,772 per annum; of 51 Company Sergeant-Majors, getting \$27,200 per annum; of 10 Regimental Quartermaster Sergeants and Regimental Sergeant-Majors, getting \$4,998.65 per annum; of 7 Warrant Officers getting \$4,896 per annum; of 293 Lieutenants getting \$211,104 per annum; of 100 Captains getting \$76,232 per annum; of 90 Majors getting \$85,548 per annum; and of 21 Lieutenant-Colonels getting \$25,104 per annum. There are no dependents of Colonels at all. There are 12,344 children who are pensioned and they are getting \$1,131,231 per annum.

By Mr. Nickle:

Q. Are children included in the term "dependents"?—A. Orphan children would be, but children of widows who are pensioners themselves would not be.

Q. Then the word "dependents" as you used it means widows dependent upon others, and orphan children?—A. Yes, everybody who gets a pension on account of the death of a man except the children of the widows. The total liability for dependents is \$6,235,205.65.

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By Mr. Ross:

Q. That does not include children where the mother is alive?—A. That includes children. The total liability, including disabilities and dependents is \$9,717,138.73; the total number of disabilities 17,325; the total number of dependents is 10,488; the total number of children of dependents is 12,344.

By Mr. Cronyn:

Q. Is it not a little misleading? You have children down as if the total number of children in receipt of support was only that number which you have given. I understand from you there are children who have come under this other classification?—A. Yes, there may be some orphan children, I do not know how many.

Q. They rank as superior beneficiaries when they are orphan children?—A. When they are orphan children they are entitled to \$16 a month a piece, and if there is a family of five of them, they are entitled to \$80 for the family.

The CHAIRMAN: Mr. Archibald, at the request of the Committee has prepared a statement showing the pensions being paid by allied countries. Perhaps we had better have that also.

WITNESS: Shall I put that on the minutes? The present total disability in Canada under the new scale is \$600 per annum. In Canada under the old scale—that is previous to October 22, 1917—it was \$180, Great Britain \$351; Australia \$375; New Zealand \$505; France \$240; United States \$360; Italy \$243. With regard to the United States, when Congress was considering this matter they thought they were going to have pensions at much greater rates than any other country in the world, and they particularly thought the insurance scheme would make their pensions much bigger than any other pensions. The insurance scheme as a fact, while it is supposed only to cost an average of about \$8. per thousand, is not paid in a lump sum, but it is over a period of years.

By Mr. Nesbitt:

Q. How many years?—A. I have seen it worked out, and it apparently costs, not \$8 a thousand, as they thought it would, but something over \$13 a thousand, but that is a very good rate for a man who has gone overseas.

By Mr. Ross:

Q. Have you made any calculation to show what, considering that insurance and the disability you mention and so on, the American soldier would get as compared with our \$600?—A. An American who is totally disabled—and the total disability is the only one provided for in the insurance scheme—will get \$30 a month pension, and also \$25 a month until his insurance is used up. That is the way I understand it.

Q. That is \$660 a year?—A. Yes, \$55 a month or \$660 a year.

Q. For how long?—A. It all depends on how much insurance he has taken.

Mr. CRONYN: \$1,000 is the minimum and \$10,000 the maximum.

WITNESS: He can take anywhere from \$1,000 to \$10,000.

By Mr. Ross:

Q. That is the only country that surpasses us in the amount of the pension?—A. Even on that calculation it is the only country that surpasses us, and besides that he has paid the country for it. As a fact I do not think the United States are going to lose a tremendous amount of money over it.

By Mr. Pardee:

Q. Explain how he does it?—A. He is informed he may get insurance anywhere from \$1,000 to \$10,000 at certain rates. If he takes the insurance the premiums which he must pay are taken from his pay and are paid direct into the treasury. He

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fills out the application for insurance and says, "I want so much; I want \$3,000, or \$5,000 or \$10,000" and they make the calculation, and they tell his paymaster how much money is to be paid to them instead of being paid to the man.

Q. Then the State pays the insurance itself with the man's wages?—A. The State carries the risk but he pays the premium.

By Mr. Cronyn:

Q. It is a low rate?—A. Yes, a low rate.

By Mr. Pardee:

Q. Do you know what the rates are?—A. About an average of \$8 per \$1,000. On the other hand, as I stated previously the insurance is payable by months for a period of years, with the result that the monthly value of these payments will be much less than the amount insured for.

Q. I do not quite understand that.

By Mr. Nesbitt:

Q. They are commuted on a 4 per cent basis?—A. I do not think they will commute.

Q. They have no clause whereby they would be allowed to commute it?—A. No.

Q. But if they did commute, it would be on a 4 per cent basis?—A. Yes.

By Mr. Cronyn:

Q. Go back to your statement as to the United States pensions. You spoke of total disability of a widow without children?—A. No, I am talking of a total disability of a man who comes home. With regard to disability cases, only the total disability cases are entitled to be paid this insurance.

Q. I have before me the sections of the American Act which give the rates paid, and they state that these provisions are eminently more liberal than ever given before, and are very much more liberal than the pensions of any other country?—A. Well, they made a mistake. If you will read the rates given there I will give you our rates.

Q. Section 302 of the American Act says, "Compensation in case of total disability; during the continuance of total disability monthly compensation shall be paid to the injured person." The amounts payable monthly are mentioned in this statement. They are not based on the pay of the injured person. "(a) If he has no wife nor child living, \$30."—A. In our scale that would be \$50.

Q. "(b) If he has a wife but no child living, \$45."—A. Our scale would be \$58.

Q. "(c) If he has a wife and one child living, \$55."—A. In our scale it would be \$66.

Q. "(d) If he has a wife and two children living, \$65."—A. Ours would be \$74.

Q. "(e) If he has a wife and three or more children living, \$75."—A. Our scale would be \$82.

Q. \$75 appears to be their maximum?—A. Yes.

Q. If he has a widowed mother dependent in addition, \$10?—A. We have not got that provision. Our scale at the present time has no provision for a widowed mother of a man who comes home totally disabled, but we have provision for the wife. I am not so sure whether we should not have a provision for the widowed mother who has been wholly or mainly dependent upon the soldier.

Q. If he is not married?—A. Yes.

By Mr. Pardee:

Q. If she is not married she is very often dependent; that is often the case?—A. That is often the case, but the more cases you bring in, the more money you are going to spend.

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By the Chairman:

Q. Have the other countries corresponding provisions for the wives and children?—A. I do not think they have; in the most of them they have not. In the United States they have. I have not got that figured on this scale. All I have figured on this is total disability, widows, parents, children, orphan children, special allowance for helplessness, and the number of classes of disability.

Q. Generally speaking, taking in all classes, are our pensions substantially higher than those of the other countries?—A. Yes, speaking generally our pensions are substantially higher than the pensions in any other country that I know of, unless within the last, say six months, they have passed something new we have not heard about. but we have kept in touch with all the allied countries, with Australia, New Zealand, Great Britain, United States and France, to see whether any pension legislation is being passed.

By Mr. Nickle:

Q. You saw the British pensions?—A. Yes, as of April 4, 1917, the date of the passing of the Royal Warrant.

By the Chairman:

Q. The scale of disabilities will be filed. Have you a copy of it?—A. I gave a copy of the table to everybody. I left all the copies I had.

Mr. NESBITT: Do I understand these tables are to go in as part of the record?

The CHAIRMAN: Yes.

By Mr. Pardee:

Q. What, in your opinion, is the feasibility of the insurance scheme in Canada?—A. I think it is not at all feasible for this reason: If you framed an insurance scheme you would have to treat everybody as if they were just about to start the war. In other words, if you gave insurance to these draftees, and offered it to them at cost, the first complaint you would have would be that the men already overseas were not being offered insurance. Well then, you would have to offer it to them. Then you would say, "We will offer it to all men who have not suffered disability over there." Then, immediately the men who have suffered disability over there complain and you have to give it to them. Then finally you would have to give it to all the men who have died, with the result the Government would have to pay out a great big sum of money right now to all the widows of men who have died, and for that reason I do not think the insurance scheme is feasible at all in Canada.

Q. Your argument is that if it had been started in the first place it would have been all right?—A. If it had been started at the inception of the war, as the United States started it, it would have been all right, but I do not think it would have been any better, and I do not think it would be even as good as the pensions scheme.

By Mr. Nesbitt:

Q. It is not as good as our present pension scheme?—A. Because you pay a certain amount of insurance over a period of years, say ten years, and the widow gets her ordinary pension of \$25 a month, say, plus her insurance of \$25 per month, which will make a total of \$50 per month; in ten years her insurance is all paid up and she is left to depend on her pension of \$25 after she has become accustomed to living at the rate of \$50 per month; consequently she will be hard-pressed right off.

Q. Of course, that argument is based on the fact that she spends all she has got and never saves anything?—A. Yes, you will find they spend all they get.

By Mr. Nickle:

Q. That may or may not be so, that is rather a broad statement to make?—A. We do not have very many complaints that the pensions are not fixed in accordance with the Act, but we do have many complaints that they cannot live on the pension they get. The two may sound as being exactly the same thing, and they very seldom

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say "Change your law, or put up your pension," but they do say that they cannot live on the little pension you are giving them.

By Mr. Nesbitt:

Q. You have more complaints with regard to the amount of pensions allowed to individual cases, than with regard to the total pensions?—A. No, the widows are allotted all the pensions we can give to them; they do not seem to think that the law should be changed, but they think that they should be given more money.

By Mr. Cronyn:

Q. I notice that the Americans have adhered very strictly to the rule that they must apply for insurance before enlistment?—A. Yes, I do not think the insurance scheme is practicable at all now. It would have been, possibly, at the beginning of the war, but it is not now.

By Mr. Nesbitt:

Q. It would not have been as beneficial as our pensions, according to your tables there?—A. No, it would not have been; and of course it all depends upon how much insurance is taken, but with the average insurance our pensions are still higher. I was asked to produce these confidential instructions and table of disability for the guidance of surgeons and physicians making medical examinations for pension purposes.

The CHAIRMAN: It will be better to incorporate that document in the record. (For confidential instructions, and the table of disabilities for the guidance of physicians and surgeons making medical examinations for pension purposes, dated January 27, 1918, see addendum.)

The following letter was read by the chairman:—

"HAMILTON, Ont., April 27, 1918.

"DEAR SIR,—I have been advised to write to you and explain this. My husband, Private Ralph Brown, 19193, tried to enlist here in Hamilton several times, but was rejected because of his teeth. He was so anxious to do his duty that he left here for England on June 3, 1915, and enlisted there in the Oxford and Bucks Light Infantry on June 17, 1915, going to France the following January, 1916, and was killed in action September 30, 1917. We had resided in Hamilton three years previous to him enlisting, and he was in the 91st Regiment here, too.

"My husband left me with three small children, and when the Imperial separation allowance came through it was so small that I have had to work every day possible early and late to keep our home going. Now my pension papers have come through—it is about \$27.10 per month, and the widows with three children here are receiving \$64 per month. The Patriotic have done all they could and they have promised to continue my allowance, but although I appreciate that very much it seems to me to be very unloyal, as we would always dread the war to end, for then, too, our allowance must end there. Could or would the Canadian Government supplement and make the pension up as long as I reside in Canada, or would you, sir, advise me to take the children to England, as my health will not let me work as I have been doing and I will be raising these boys for Canadians on almost a third, and it is neither fair to them or myself?

"Thanking you for anything you can do for me,

"I remain,

"Yours respectfully,

"LOUISA A. BROWN."

"P.S.—I am enclosing our picture taken just after dada went, so you will understand why I am so anxious for them."

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At this point the chairman, having another engagement, requested the Hon. Mr McCurdy to take the chair, and retired.

By Mr. Sutherland:

Q. With regard to this table you have here for the medical men to fill up, are they supposed to fix the amount of disability?—A. They are supposed to estimate the amount of disability.

Q. That is the local board who makes the examination?—A. No, the local boards are not fixing the amounts of disability any more; up to a month and a half ago they did estimate the amounts of disability, but it was found, very frequently, that the description of the disability did not warrant the percentage of pension estimated, and therefore they were asked, instead of estimating the percentage of disability, to give a more complete description, the whole history of the case and the condition of the man.

By Mr. Parent:

Q. They just report as to the facts?—A. That is it.

By Mr. Sutherland:

Q. I see that under section 25 of these confidential instructions it says:—

“Medical officers should be careful that soldiers neither know the percentage at which a disability in them has been estimated, nor be given ground for thinking that the percentage at which disability has been estimated by the Board of Medical Officers has necessarily a direct connection with the amount of pension which the soldier may expect to receive.”

What is the object in keeping the soldier in ignorance as to the amount of his disability?—A. The reason for that is this: Very frequently the medical board examining a man would not have a complete history of his case; they can tell all about his then condition, but the history of the case might show that he had suffered a certain proportion of disability previous to his enlistment, and in that case he would be entitled to a pension for the degree of aggravation. If he were told the estimation made by the local board he would know that he was estimated, say, at 75 per cent, and when he got only 40 per cent pension he would be very cross.

Q. Would it not be fair that he should know why his pension was reduced in that case, that it was due to some previous disability?—A. If he complains, he gets all the information. I think he should know the whole circumstances, but not necessarily at the commencement.

Q. If his pension is reduced the local board realizes his present condition, and that estimation is reduced owing to previous disability, why not let the soldier know it?—A. I see no reason at all why he should not be allowed to know it. Then there are other cases in which these local medical boards make a faulty estimation. I could give you samples, but I think all these questions ought to be asked Colonel Belton, who knows infinitely more about the medical side of the question. I think he should be asked all these questions because they are of necessity more particularly connected with the medical branch of the department.

Witness retired.

COLONEL C. W. BELTON called.

By Mr. Nickle:

Q. What is your position on the Pensions Board?—A. I am known as the Medical Adviser of the Pensions Board.

Q. You are at the head of the Medical Branch?—A. Yes.

Q. And responsible more or less for the medical administration?—A. Yes.

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Q. Have you looked into the cases to which your attention was directed the other day by Mr. Mills?—A. Yes, I have had a *précis* prepared for each of the cases that he asked for.

Q. And are you prepared to report this morning?—A. Yes, but perhaps it would be desirable that I should first explain as shortly as I may the general procedure we adopt in handling this whole question.

Q. All right.—A. In the first place, by the Pensions Regulations we have at present, pensions are given for all disabilities which are incurred on service or are aggravated while on active service. That distinguishes it from “by active service”; “while on active service”, as distinguished from the preceding laws which said “by active service”. There is in the regulations only one prohibition, and that is when the disability is due to a man’s own intemperance or improper conduct. The Regulations say “disease or injury incurred or aggravated on service”. It is the policy and the procedure to take that to mean that the pensionable part of a man’s condition or his aggravated condition, is the degree of aggravation only; that is to say that that particular disability that was present on enlistment is deducted from the whole disability and only that which occurred while on service is pensionable. The pensions are given because of the man’s disability, his lessened ability to earn a livelihood in ordinary unskilled work, the ordinary labour market. That is interpreted to mean not the laborious work of a labouring man only but any work of unskilled nature that the man might get that is open to unskilled men to take. To better explain this we use the phrase “restriction in the choice of occupation”; if a man is restricted from undertaking any occupation of an unskilled nature there is a disability. The wider his restriction, the greater his disability. A disability then is the loss or lessening of some ability by the exercise of which the pensioner was wont to earn his livelihood, or might earn a livelihood, in the ordinary labour market. The difficulty with some medical boards and the people generally is that they cannot separate these two things, the disability and the disabling condition; If there is ankylosis of the knee joint, that is a fixation of the joint, that is a disabling condition, the disability is interference with locomotion, and it is because the pensioner cannot walk as well that he is given a pension. It makes no difference whether that difficulty is produced by disease, accident, or gunshot wound. Now then, the disabling conditions are innumerable in variety, there are thousands of them; disabilities may be included in three classes. In the first class is simple weakness, muscular weakness; the second class is the loss of a member or organ, or of the function of a member or organ in whole or in part, such as the loss of an eye, or the loss of an arm; the loss of sight or paralysis of an arm, lessened acuity of vision, or limitation in movement at some joint. This includes, of course, the special senses, and the systems if they affect a man’s ability to earn a livelihood. Then there is the third class of disability which is the most difficult to explain; it is the necessity for rest for therapeutic reasons, that is curative reasons. Limiting the nature of the work or the hours of work to admit of betterment of chronic conditions or to prevent them getting worse is imposing rest. A medical board may prohibit a man from doing certain things, so far as muscular strength is concerned, he might do them, or so far as the competency of his body functions are concerned, he might do them but they say: “No, you must not do that, because it will injure you.” That is what obtains mostly in tuberculosis cases. A man is strong enough and can do a thing, but the medical board says he must not do that thing, so that he may become better and lessen his disability or at least prevent its becoming greater. All disabilities are included in this classification with the exception of some such as deformity where the general expression, “restriction in the choice of occupation” would operate. If a man has lost his nose or has some other bad facial deformity, he cannot get employment in certain places, such as a porter down at the Chateau, the Central Station, or something like that, where he comes into contact with the public; he would not be employed at those places, he is actually restricted in his choice of occupation and that lessens his ability to earn a livelihood. There is one further

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exception to the rule where it occurs to me that we give pensions and that is where a man has lost his ability to procreate which is a very important thing but it does not affect his earning a livelihood in the least, still public opinion and the Parliamentary Committee believe there should be a pension where that faculty is lost and a pension is given of 60 per cent. With that explanation I think perhaps it will be better now to take up those cases to which reference has been made.

Q. Perhaps you had better tell the Committee what the procedure is by which you come to a knowledge of the disability.—A. The majority of cases which come before the Board of Pension Commissioners, are first examined overseas and they are returned from overseas. Accompanying them is the medical board which is held which describes their condition, it describes the initial disease, or injury they have received and its progress towards recovery. In the earlier cases a second medical board was held at the discharge depots which were situated at the chief disembarkation points in Canada, but these are done away with. Now we get the next medical board from the Military District to which the man is sent when he is sent home. There may be one or two such, and there always, of course, is the final board which recommends to the Militia Department the man's discharge and which gives the last word on his condition before discharge.

Q. Does that go to you?—A. That comes to our board with all the other information, all his boards, all the information, all the man's case, medical sheets, all the special reports and case sheets, and so on, all the conditions. When it comes before the medical branch the medical advisers examine the whole files, the whole history of the man from beginning to end. This first medical board held overseas is extremely important, as it records the history of the men who are ill or have been injured, the origin of the disabling condition especially, in fact it tells the whole story. Later these men forget some of the details such as those things which may have happened to them before they went into the service which affect their condition, but the history gives this. The disabling conditions then, as at the time of discharge, are given by the medical board, and if it has been thorough, the disability—

By Mr. Ross:

Q. In percentage?—A. No, not that, but the ability the man has lost by which to earn a livelihood; the fact that a man cannot walk well, that he cannot speak well, that his memory is lost, that he cannot hear as well, whatever it may be we know when we have the disabling condition of the man fully described, and with the general guide that the Table of Disabilities and established practice gives the medical adviser, he is able to decide as to the percentage of disability that should be awarded. The Table of Disabilities helps in this way: the Parliamentary Committee recommended that the disability due to ankylosis in the elbow joint should be considered a 20 per cent disability. That is a fixed disability. Now, if we get a man who has a limited movement of the arm, who can move his arm from 15 to 20 degrees—

By Mr. Redman:

Q. I have that too.—A. What pension are you getting?

Q. I am not getting any; I did not apply for any.—A. You are worth about ten per cent. The percentage for loss of limbs is laid down in that table.

By Mr. Ross:

Q. You cannot vary that at all?—A. No, these are fixed, and all the other things may be compared to them. There is in the Table a scale for various disabilities, a scale for loss of hearing, a scale for tubercular cases.

By Mr. Nesbitt:

Q. What do they give for tubercular?—A. These cases come under the class which necessitates rest, and they are divided into certain classes; arrested cases,

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apparently cured and so on, and in each of these cases the medical men direct that the pensioner shall do so much work and no more, or so much of a certain class of work, according to that pensioner's ability. The percentage award is according to the extent of this prohibition.

Q. You heard the statement made the other other day by the representative of the Great War Veterans and the Army and Navy that every man was presumed to be sound unless there had been active fraud at the time of enlistment. What is your opinion on that?—A. As procedure, we do not accept that.

Q. But as to principle, what is your opinion of the claim?—A. Let us take the case of a man who has valvular disease of the heart. He is enlisting. The medical examiner's first duty is to the man. The man goes to him trusting that he will be advised whether he is fit to be taken on service or not. If he is taken on service in that condition it is not unreasonable that the State should be responsible.

By Mr. Ross:

Q. Why? Could the doctor always tell when he has that trouble?—A. The medical man should be able to tell.

By Mr. Pardee:

Q. Perhaps the man does not know himself.—A. He may not, and for that reason he should be protected.

Q. And if the State servants do not protect him, should he thereby be deprived of protection?—A. No, I am arguing the other way.

By Mr. Nickle:

Q. Do I understand that you are laying down as a principle that where the trouble from which the man was suffering could have been determined on an adequate examination by the medical advisers of the State, and there was no active fraud on the part of the man, the State should be responsible for the entire disability and not for the aggravation?—A. So it appeals to me.

By Mr. Parent:

Q. Take the case of a man who had been refused by an insurance company for heart disease; he appears before the Military Board for service and he is accepted as fit for service. Supposing something happens to that man would you change your opinion?—A. Without the man practising any deception, admitting his condition?

Q. Just trusting to the medical men of the militia?—A. I think that might properly come in the same class. I do not see any difference.

By Mr. Pardee:

Q. But where the man knew he had it? Supposing he had been refused by an insurance company and they had given him a specific reason for refusing; he comes before the man appointed to pass him for overseas, and he passes him, what would you think in that case?—A. It hinges on the question whether he has practised deception, but a man might be a poor risk for an insurance company, and might go through five years' war without any trouble.

By Mr. Nickle:

Q. I understand, from your point of view, that you reached the conclusion that where a man without suppressing the truth was passed as complete by the medical examiner, although he was suffering from a disability at the time of enlistment, you think the State should recognize him as having been complete when the enlistment took place?—A. One proviso might be put in there. It has been the custom in the service to take men on a period of probation, three months. The man may be discharged within three months of the beginning of his service as unlikely ever to become

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an efficient soldier. Now, within three months from the beginning of the man's service it might be discovered that he had tuberculosis of the lungs, that that condition was present on his enlistment, but not discovered until then. I think that such cases should be discharged without pension.

Q. But after three months do you think that the State should be estopped from disputing his being a fit man at the time of enlistment?—A. Yes.

By Mr. Pardee:

Q. Have you any idea of the percentage of men who draw pensions by reason of some prior disability? What percentage of men in your opinion were absolutely sound—I mean when they went over, and what percentage had some predisposition to something aggravated by service, and so on, that are drawing pensions. Would I be wide of the mark in saying that of all the men who are drawing pensions, 90 per cent are drawing those pensions because of some latent disability that was there at the time of enlistment?—A. Yes, you would be a long way astray.

Q. How much astray?—A. It would be impossible to state, but the cases of aggravation are very much less than the cases of disease or injury occurring on service.

Q. Out of 100 men that go to enlist, how many are absolutely sound? Taking the ordinary men that go to enlist, how many men are absolutely sound, without any latent disability at all?—A. Very few are absolutely perfect men, but for military purposes perhaps 60 per cent of these would be all right.

Q. Forty per cent would have some latent disability?—A. Well, they have things wrong with them. They have apparent disabilities—military disabilities, which need not affect them otherwise.

By Mr. Nickle:

Q. Following Mr. Pardee's argument along that line; when a man is discharged if it is found that at the time of enlistment he was suffering from one of the disabilities you debit it against him in determining his pension?—A. Yes.

By the Chairman:

Q. Then you might give us the cases you have before you.—A. The first case is a complaint that the man was not advised that no pension was given.

Q. Better give the name.—A. Corp. P. McGovern, No. 311.

Q. What is the explanation of that?—A. The proceedings before the medical board were sent to the Pension Commissioners with the following letter:—

“In accordance with Headquarters' telegram 2095 of the 12th inst. I have the honour to enclose herewith medical board proceedings, which recommend that the marginally named soldier be discharged on account of his age and medical unfitness. This man is on furlough from overseas until April 3rd, pending decision of Headquarters as to his discharge.”

Attached to the letter is a memo of the medical officer: “This man is not for discharge, please.” It is not determined that the man is to be discharged yet; therefore we cannot award a pension in his case.

By Mr. Nesbitt:

Q. Why was he not told that?—A. There is no indication given to the man.

MR. MILLS: He was discharged on April 5th.

WITNESS: It was the business of the Militia Department to advise the Board of Pension Commissioners that the man had been discharged.

By Mr. Nickle:

Q. Did the board not discharge him?—A. The board recommends his discharge but it cannot be decided except at Headquarters, because he is on furlough from overseas.

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Q. Mr. Mills says he was discharged two days later?—A. Then the Board of Pension Commissioners did not know that. The letter was written on March 5th, 1918. He was discharged a month later.

Q. How could he be discharged without your knowing it?—A. We have nothing to do with that; the man was on furlough from overseas.

Q. If he was discharged for disability, surely you would hear of it?—A. We do not know about the case until the man is discharged.

Q. The man was discharged on the 5th of April, and you had no knowledge of that? I thought there was a regulation that a man was not to be discharged until his pension was determined and he was notified of it.—A. This is an unusual case—a man on furlough.

Q. You say yet that you have no notice of his being discharged?—A. No.

Q. How do you account for that?—A. We do not account for it at all. We presume the man has gone back overseas as far as we know.

Q. They say he was discharged?—A. Then they should have advised the Pension Board.

By Mr. Pardee:

Q. How would the knowledge of this man's discharge reach you?—A. From the Militia Department.

Q. Would they advise you by letter?—A. Yes.

Q. And advise you at that time that you must take into consideration the question of his pension?—A. Yes.

Q. Then you would take it up?—A. Yes.

Q. That was never done in this case?—A. No.

Q. That is the only way that the Pension Board receives any word upon which they can act in regard to a pension after the discharge of a man?—A. I had better explain it.

Q. I wish you would.—A. Medical Boards are held in the various Military Districts, and if the man is for discharge, the documents are sent from the District to the Board of Pension Commissioners. They contain the information that the man has been discharged or that his discharge has been approved. If the former, the pension is awarded to commence the day following the date of discharge. If the latter, the pension is awarded and the district is advised that his pension will commence on a certain date, so that the date of his discharge may coincide. Now this case, you see, is of an unusual nature in that the district could not determine that the man should be discharged; it had to be determined at Headquarters as the man was in the Canadian Expeditionary Force and was bound to return overseas unless the Department here made proper reference to the people overseas; therefore we had to await the decision of the Militia Department. I will say that I have instructed the staff in a case of this kind, should any such occur to bring forward the file in the course of, say, thirty days and then inquire if discharge has been given so that another incident of this nature could not happen.

By Mr. Nickle:

Q. Would Headquarters discharge on that final medical board?—A. On this board, yes, they get a copy of this board on their file.

Q. Can you get any copy of it?—A. We have the original here.

By Mr. Cronyn:

Q. These files which you get are the files from the Militia Department?—A. The original.

Q. You draw them from the Militia Department, and you return them when you are through, or do they stay with you?—A. They stay with us. Every disabled man has a file of this nature at Militia Headquarters, they are sent to us and we abstract from the Militia file all the things that have to do with the man's disability or death, and put it on our own file, giving them a receipt for such documents as we retain and returning all the others to the Department.

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By the Acting Chairman:

Q. What is the next case?—A. That of Sergeant Mills, Mr. Mills himself.

Mr. MILLS: With reference to the case of McGovern the medical board reported that the man had on February 21, 1918, been examined and they said there was no reduction in his earning capacity, due to any disability by service conditions, but there is a complaint because the man was not told of that, although at the time he appeared before them the Board knew of it.

Colonel BELTON: In any event if we have no more information than we have there, the man would get no pension; he might go on for another year in the service, as far as we know, and it is not the custom to advise a man before discharge that he has no disability.

By Mr. Nesbitt:

Q. I do not see why you could not inform him as to the condition.

The ACTING CHAIRMAN: The recommendation of the medical board reads: that he be discharged on account of age and liability that ankle may cause disability if exposed to ordinary service conditions, that he was suffering from a fracture 25 years ago, and that he was aged 45. Did he apply for his discharge?

Mr. MILLS: I do not know, he was home on leave; the point I want to make in that case was that he should have been told by the Medical Board discharging him.

Mr. NESBITT: That Board did not discharge him.

Mr. MILLS: It recommended his discharge.

The ACTING CHAIRMAN: I understand, Colonel Belton, that you have given instructions covering any similar case to have the file brought forward so that the matter would not be lost sight of.—A. This was turned over to another branch not directly under my charge and I found a little fault with them at first because that had not been done, but it was pointed out to me that the official had to wait to get the information that the man had been discharged, and I had to admit that; at the same time I told my own staff to take a little extra care, to go out of their way, to follow up these cases. It must be admitted that the Board of Pension Commissioners could but wait to see if the man was discharged.

Q. That is quite true, but ordinary prudence would dictate that in a case like this, this man is recommended for discharge, he is on furlough from overseas until April 3rd, we must wait, pending decision of Headquarters as to his discharge, would not the logical thing have been to say: We will put this off until April 3rd, and then bring it forward to ascertain what decision has been reached?—A. If we were to do so that would mean the handling of thousands more files than we are now handling, and would greatly increase the pressure of work; every time this file comes back again, it involves an officer's going over it. I think it is quite patent by the Headquarters file that we should have been advised of the discharge.

By Mr. Nesbitt:

Q. Was it not natural that the Pension Board should suppose they would be advised as to what became of that man?—A. Yes, that the Militia Department should advise the District, and the District should have advised us, of course.

By the Acting Chairman:

Q. As far as you are concerned, the fault is with the District. You expected to hear from No. 3 District?—A. Yes.

By Mr. Nickle:

Q. As a matter of fact No. 3 District would not discharge him without instructions from headquarters?—A. Yes.

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By Mr. Cronyn:

Q. Supposing you had been notified that he was not entitled to a pension, would you have notified him?—A. That is our absolute principle, yes. Now, take the next case, Sergeant E. R. R. Mills. The first thing on this file is a letter from Sergeant Mills, dated March 7, 1918, that is all we have in the case. We then made a request for the Headquarters' file of the Department of Militia and Defence. On receipt of the file we found no proceedings of the medical board on it, and on April 20, we sent a request to the Director General of Medical Services, to have a board on Mr. Mills.

Q. Of what District?—A. To the Director General here. That is the end of the story as far as we are concerned; we have not yet any information as to his condition, and therefore cannot go farther on the case.

By Mr. Nickle:

Q. On what date did you make that request?—A. On April 20.

By Mr. Pardee:

Q. And when was Mr. Mills' letter written?—A. March 7, 1918. The Headquarters' file was stripped on the 22nd March, that is we got the file and stripped it of all particulars regarding his case.

Mr. MILLS: I was discharged on the 31st July, 1917, at Winnipeg.

By Mr. Nickle:

Q. I thought an Order in Council was passed that no man should be discharged until his pension had been determined and he had been notified?—A. Since they have been entitled to get three months' post-discharge pay they can make the discharge at once, because that gives them a period of three months to determine the pension.

Q. But here is a man who has been discharged for nine months, and he has received no pension, how did that occur?

Mr. ARCHIBALD: He should not have been discharged until his pension was determined; under the previous procedure the man was not to be discharged for physical unfitness until his papers had been forwarded to the Board of Pensions, and the pension awarded or refused, but if awarded, it was to commence on a fixed date; we thereupon telegraphed to the Officer Commanding that the intention was to discharge him at a fixed date and asking the Officer Commanding to discharge the man on the day before that fixed date. The result was that if this man's pension had been fixed to commence on August 1, 1917, the Officer Commanding would discharge him on the 31st July, and the man would get his pay up to that date. That has been done away with owing to the fact that the military authorities are empowered to pay a man three months' post-discharge pay; they pay him one month at a time and as soon as they pay him the first month's pay they send the papers to us and we are supposed to get his pension fixed before the three months' period is up.

Q. Why was that order done away with?—A. Because it takes a lot of money to keep a man on the strength after he should be given a pension, he would be entitled to his pay and allowances amounting altogether to \$83 per month while retained on the strength of the force; but if he were discharged on pension he would not receive more than perhaps \$20 per month so that his discharge would save the Government the difference between \$20 or \$25 and \$83 per month.

Q. How are the discharged men going to protect themselves if this is a sample of the delays that occur?

Mr. ARCHIBALD: This is not a sample of the delays that occur, but it is one delay that may occur. We soon hear of cases of this description. Sergeant Mills says he realized that it would be all right and did not trouble, but these other fellows who are not so confident will soon let you know if there is any delay.

[Col. C. W. Belton.]

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Mr. NICKLE: That Order in Council was passed last year because in certain cases it was found that men who were being discharged were walking the streets penniless. Therefore the order was passed that no man should be discharged until the Pension Board notified the head of the Hospitals Commission that pension was to be paid at a certain date, and that was at the end of the month, and, as a rule, when the man reached his home he found the pension cheque there waiting for him. Now that order has been cancelled, and I cannot understand it except on the question of expense.

Mr. ARCHIBALD: The man is not going to suffer if he has three payments of \$33 each, and we have a couple of months to grant the pension, he will, long before he has exhausted all his money, get his pension.

Mr. NICKLE: Here is a case where it ran nine months and if the man had been out of a job he would have been up against it.

Mr. ARCHIBALD: Oh, yes, this is a case where there was nine months' delay, I admit, but, of course, there are cases where mistakes may be made. I can give you a sample case of just the contrary; there was a man whose Board was sent to us, or was supposed to be sent to us; the papers were sent to the Secretary of the Militia Council to be passed on to us; they were not sent to us, but were put away in Headquarters, and the man was not discharged. That man was getting pay, separation allowance and subsistence. About nine months later the Military District wrote to Headquarters, and Headquarters wrote to say that the papers were not here. We were paying this man for nine months, and when we looked for the papers at Headquarters, we found it had been put away there. I do not know what pension that man eventually got, but he would probably get a pension of \$15 or \$20 a month, and had been receiving for nine months full pay and allowances, whereas he might just as well have been receiving \$20 pension and the Government would have saved during that period \$500 or \$600.

By Mr. Redman:

Q. On that basis Mr. Mills would be entitled to claim full pay and allowances up till the date of his pension.

Mr. ARCHIBALD: He might go back to the Department of Militia and Defence and say: "You discharged me wrongfully, and I am entitled to full pay and allowances up till the day my pension starts". There may be cases where the Boards, instead of being reported by the man's District to Ottawa, may be lying there. We have drawn the files from Headquarters, and it is not there.

Examination of Col. BELTON resumed.

By Mr. Nickle:

Q. Is there anything you can suggest, Colonel Belton, to obviate such a difficulty?

—A. I think if a discharged soldier thinks he should be pensioned he ought to speak up and ask questions.

By Mr. Nesbitt:

Q. I can suggest something, that the fellow that is in fault, should pay Mr. Mills that salary from the time that he was discharged till now, and then he would not make a mistake of that kind again.—A. That may be a man who gets \$2 a day for running around with these files. Mistakes of this kind should not happen, but they will happen.

Mr. MILLS: But here I was in Ottawa, and the Medical Board that discharged me was in Winnipeg; I was attached to the Fleming Home at the time.

By Mr. Ross:

Q. They simply had not held your Board here?—A. They never held a Board.

Q. It is just as Mr. Archibald says, a case of improper discharge.

[Col. C. W. Belton]

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By Mr. Nesbitt:

Q. You never had a Board.

Mr. MILLS: I was working here, I was told to report for duty by the President of the Fleming Home, Col. Argue, I was discharged in Winnipeg, and I was here in Ottawa all the time. My discharge came here in a registered letter at the time I was undergoing treatment in the Hospital.

By Mr. Nickle:

Q. When was the last Medical Board held?—A. Ten days after I went into the Fleming Home.

By Mr. Archibald:

Q. You say your Board at the Fleming Home was forwarded to Winnipeg?—A. My Board was only for treatment and they told me that the finding of the Board was that I should go to Chaffey's Locks for six weeks for a rest. When I got there the discharge would have arrived there the same time as I did only for the fact that the mails had been held up.

By Mr. Nickle:

Q. Is this Order still in force (reads):

"When a Board of Medical Officers has recommended discharge on account of physical unfitness of a soldier entitled to three months' post-discharge pay, discharge shall not be carried out until the day on which the soldier received the first payment of the post-discharge pay, or, an advance on account thereof not exceeding such first payment."

—A. That was not done.

Mr. ARCHIBALD: A man not getting post-discharge pay is kept on strength. Even now a man who even gets no post-discharge pay or fifteen days' pay must be kept on the list.

Mr. NICKLE: If he was entitled to post-discharge pay, he should not have been discharged until the payment was made?

Mr. ARCHIBALD: That was not the irregularity. There was no post-discharge pay then. The paragraph which Mr. Nickle read did not come into force until November 20, 1917. The previous paragraph in Order in Council 508 was to the effect that no man shall be discharged for reasons of physical unfitness until his pension had been determined. When they brought in the post-discharge pay idea they said, "We are not going to keep the men entitled to post-discharge pay on the strength."

Mr. NICKLE: If he were discharged before November, then he should not have been discharged until he was notified what his pension should be.

By Mr. Nesbitt:

Q. Somebody has blundered?—A. Yes, but not the people you are investigating. The next is a case of Herbert H. Whyte, No. 1042437. The complaint I think here is delay in dealing with the case.

Mr. MILLS: The man did not know the findings of the Board. Did you notify him of the findings of the Board?

WITNESS: As to his pension, do you mean?

Mr. MILLS: Yes.

WITNESS: Yes, he was informed and his pension cheque was sent in.

Mr. MILLS: What date?

WITNESS: April 29th. I will read a précis of the case and perhaps it will give you the information. This man had defective vision and hearing prior to enlistment, not [Col. C. W. Belton.]

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aggravated on active service: attacks of vertigo and difficulty in speech, present prior to enlistment, not aggravated on active service. The opinion is: "questionable if this man has any disability due to service."

Medical Board, November 29, 1917, states that this man's disability on active service is not more than 5 per cent.

Pension awarded April 12, 1918, at 5 per cent for one year.

Reason for delay:

- (1) Medical officer wrote up Board November 24, 1917.
- (2) Specialist report November 26, 1917.
- (3) Medical Board held November 29, 1917.

Let me explain: The Medical officer brought forward the case for the Medical Board of November 24th, that is in the district. The specialist report was put on November 26th and Board was held November 29th. It was passed by the A.D.M.S. December 7, 1917, that is the Assistant Director of Medical Service approved of it on that date. It was sent here by the general officer commanding Military District No. 3, March 15, 1918. It was received here on March 18, 1918, dealt with on April 8, 1918, pension awarded April 12, 1918. So far it has been impossible to secure the overseas medical boards or M.H. sheets.

It was delayed for a few days to see if we could obtain the English Medical Board's history of the case but it was found impossible. The case was dealt with without it and the man is on 5 per cent pension.

Mr. MILLS: How much is that?—A. \$30 a year.

Mr. NICKLE: That is District 3, Kingston?

WITNESS: Yes.

Mr. MILLS: I have a note here "Pte. H. H. Whyte, 1042437, I applied for a pension, I do not know if I should have one or not, but I think I should, as while I was in England I lost the sight of my left eye. I got it tested in Ottawa and they said they could do nothing for it. I would have tried to get pension while in the army but cannot talk very plain and was afraid of them laughing at me, so let me know about the money." That is what he writes to me.

Mr. NICKLE: He says he lost that eye in the service. What does the record show?

WITNESS: Here is the description given by the medical board: "Man has much difficulty in speech and he seems much embarrassed when he attempts to answer questions. This condition was present before enlistment and has not been aggravated by service. He has only perception of light in left eye; right eye, refraction normal.

Q. He says he lost that eye in the service. What does the record show?—A. The record says: "Left-old strabismus (200) (divergent type) probably congenital, condition probably very slightly aggravated by service. That is the specialist's report: "Left—old strabismus (divergent type), probably congenital (vision-condition probably very slightly aggravated by service. (3) His (p. 7) only hearing is somewhat impaired in both ears; more especially since June, 1917, when he had some slight discharge from left ear, not affected by service of any kind.

By Mr. Mills:

Q. What is his pension, \$2.50 a month?—A. Yes, \$30.

By Mr. Nickle:

Q. What is the next case?—A. The next is the case of Pte. Alexander Joseph Quinn, No. 145581.

Mr. MILLS: Pension not granted.

WITNESS: Here is a précis of the case "From records on file, this soldier enlisted in November, 1915, and was in France nine months. He was returned to England

[Col. C. W. Bolton.]

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presumably for nephritis though there is no conclusive report on file regarding this condition. He returned to Canada in September, 1917, and was examined and recommended for discharge on December 3, 1917, and discharged on December 31, 1917. From description of his condition by the final Medical Board which describes a healthy man of fair muscular development and who it is considered will be better at work, the Medical Advisor is of the opinion that there is no pensionable disability." Now that is the précis of the case and the documents supporting it are here.

Mr. MILLS: He was injured on the back by being buried on the Somme and also shrapnel in the back and is now very weak and unable to follow his former occupation.

Mr. NESBITT: What is that?

Mr. MILLS: Carpenter.

WITNESS: Shall I give you the history of the case?:—The man enlisted in November, 1915 at Ottawa, Ontario: "Fracture base of skull, March, 1912, due to railway wreck injury, in France nine months, wounded slightly in back with shrapnel. Subjective symptoms—is weak, urinary in continuence at times. Findings—healthy man, weight 152, height six feet, blood pressure 125—85. Muscular development fairly good. Heart and lungs normal—normal weight, 168 pounds. There is moderate debility. He is anxious to work and he will do better when employed. The next case is that of Pte. William Childs, 410704.

Mr. MILLS: The complaint in this case is as to the degree of pension.

WITNESS: (Reads) "This pensioner on discharge had limitation of movement of right elbow. This disability is less than a complete ankylosis, but on discharge he was awarded a class 5 (twenty per cent) pension, for a period of accommodation. On re-examination in February, 1918, this period of accommodation was completed, and his pension reduced. In April communication was received from Great War Veterans Association stating that pensioner complained of the decrease. The reply to this letter is on file."

This is the reply to the Secretary of the Great War Veterans Association of Canada:—

"April 22, 1918.

"410704 Pte. Wm. Childs, 38th Batt'n C.E.F.

SIR,—I have the honour, by direction, to acknowledge receipt of your communication of April 11, requesting information regarding reduction of pension in the case of the marginally noted.

In reply I beg to inform you that this case has been passed to the Medical Adviser for his remarks regarding the findings of the Medical Board recommending decrease and he replies that according to the present scale of disabilities ankylosis of the elbow is estimated at 20 per cent. This man has flexion of 5 degrees beyond right angle and extension normal. Supination and pronation normal. The arm condition is practically normal, and his other disability fainting spells once every six or seven weeks does not constitute any great disability.

It is therefore considered that 10 per cent is a just award, however, if the pensioner considers that he has been unfairly dealt with in this matter if he will have the enclosed certificate duly completed by the medical practitioner and return his case will be given careful consideration, and if same indicates an increase his pension will be adjusted accordingly.

I have the honour to be,

Sir,

Your obedient servant,

THE SECRETARY,

For the Board of Pension Commissioners for Ottawa.

Per A. E. S."

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By Mr. Nickle:

Q. If a man engaged in manual labour faints once every five or six weeks, do you not consider that a disability?—A. Yes, it is a disability; but a slight one.

Q. It constitutes a great disability; suppose the man is wheeling a barrow along a trestle, or in working with machinery of any kind?—A. He is excluded from some occupations, because of the fainting spells, and he is given that pension on that account, but it is not a great disability. He gets nothing for the arm which is all right; he has all the motions of the arm, only very slight limitation; you cannot get very much more than 5 degrees beyond the right angle, you cannot move yours more than that. (Illustrating by witness's arm.)

Q. If he were a painter he could not go up a ladder, or a teamster, he could not drive a team in the city if he were subject to fainting spells?—A. In that case the opinion of the medical board was that the man had 10 per cent disability on account of his arm and 5 per cent due to the other condition, the board evidently considered the disability a slight one.

By Mr. Sutherland:

Q. That is the central board?—A. No, that is the board that re-examined the man.

By Mr. Nickle:

Q. Do you think that if the man were subject to fainting spells that would be only 5 per cent disability?—A. Ten per cent is given, nothing for the arm.

By Mr. Nesbitt:

Q. I agree with the arm basis, but not in regard to the fainting basis.—A. It is functional disturbance, there is nothing organically wrong with him.

Witness retired.

Committee adjourned until 10.30 to-morrow.

PAPERS SUBMITTED BY MR. ARCHIBALD.

28. The Table of Disabilities exists only to assist the Board of Pension Commissioners and Medical Officers in fulfilling their responsibilities. It does not offer final, nor absolute values. Every disability must be considered on its own merits; the table exists merely as a means of affording Medical Officers the more accurate language of figures for describing the extent of disabilities, existing in soldiers examined by them.

29. TABLE OF DISABILITIES.

HEAD.

- | | | |
|---|-------|------|
| (1) Loss of skull bone— (when accompanied by only slight symptoms such as occasional headache and occasional slight vertigo, ordinarily) | | |
| (a) small trephine hole..... | up to | 10% |
| (b) 2 or 3 square inches..... | up to | 20% |
| (c) 3 or more square inches..... | up to | 30% |
| (otherwise according to actual incapacity, resulting from brain hernia, severe vertigo, paralysis or mental symptoms)..... | up to | 100% |
| (2) Injury to features— (estimated according to actual incapacity) | | |
| (a) simple deformity, without loss in function, ordinarily | up to | 20% |
| (b) deformity with loss in function..... | up to | 100% |
| (3) Loss of nose..... | | 60% |
| (4) Loss of both eyes..... | | 100% |
| (5) Loss of one eye..... | | 40% |
| (a) Loss of vision of one eye..... | | 30% |
| (6) Loss of hearing (total) both ears..... | | 50% |
| (7) Loss of hearing (total) one ear..... | | 15% |
| (8) Injuries to jaw— (estimated according to actual incapacity resulting from loss of function, e.g., eating, speech)..... | up to | 100% |
| (9) Loss of tongue— (estimated according to actual incapacity resulting from loss of function, e.g., eating, speech)..... | up to | 60% |
| (10) Loss of speech..... | up to | 40% |
| (11) Loss of teeth..... | up to | 20% |
| (12) Epilepsy— (estimated according to actual incapacity)..... | up to | 100% |
| (13) Insanity (mental detriment)..... | up to | 100% |
| (14) Injuries to neck— (estimated according to actual incapacity, e.g., difficulty in breathing, swallowing, etc.)..... | up to | 100% |
| (15) Wry-neck, as late results from injury..... | up to | 20% |

TRUNK.

- | | | |
|---|-------|------|
| (16) Aneurism— (estimated according to actual incapacity, or necessity for rest)..... | up to | 100% |
| (17) Injuries of spinal cord— (estimated according to actual incapacity)..... | up to | 100% |
| (18) Heart disease— (estimated according to actual incapacity, and necessity for rest)..... | up to | 100% |

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- (19) Tuberculosis—
(estimated according to actual incapacity, and necessity for rest)..... up to 100%
- (20) Chronic bronchitis—
(estimated according to actual incapacity, as evidenced by debility, dyspnoea, necessity for rest, etc., ordinarily) up to 40%
(Bronchiectasis, emphysema and asthma may cause total disability.)
- (21) Injury to lung, pleura, chest-wall—
(estimated according to actual incapacity, e.g., dyspnoea). up to 100%
- (22) Ventral hernia—
(estimated according to actual incapacity, ordinarily)....10% to 30%
- (23) Single inguinal hernia—
(estimated according to actual incapacity, ordinarily)....10% to 20%
Double inguinal hernia, ordinarily.....20% to 25%
- (24) Chronic cystitis—
(estimated according to actual incapacity, ordinarily)....10% to 60%
- (25) Urethral stricture—
(estimated according to actual incapacity, ordinarily)....10% to 40%
- (26) Incontinence of urine, or ordinary fistula—
(estimated according to actual incapacity, ordinarily)....20% to 50%
- (27) Incontinence of faeces and faeces fistula—
(estimated according to actual incapacity, ordinarily)....20% to 50%
- (28) Haemorrhoids—
(estimated according to actual incapacity, ordinarily).... up to 20%
- (29) Hydrocele—
(estimated according to actual incapacity, ordinarily).... up to 15%
- (30) Varicocele—
(estimated according to actual incapacity, ordinarily).... up to 10%
- (31) Injury to external genitals..... up to 60%
(Disability here is not estimated upon inability to earn a livelihood. Each case will be given individual consideration by the Board of Pension Commissioners.)
- (32) Abdomen, late results of injuries—
(estimated according to actual incapacity.)
- (33) Pelvic bones, late results of injuries—
(estimated according to actual incapacity, e.g., difficulty in walking or standing).

UPPER EXTREMITIES.

- (34) Loss of middle finger—
(three phalanges)..... 5%
- (35) Loss of ring finger—
(three phalanges)..... 5%
- (36) Loss of little finger—
(three phalanges)..... 3%
- (37) Loss of index finger—
(three phalanges)..... 10%
- (38) Loss of thumb—
(a) (one phalanx)..... 10%
(b) (two phalanges)..... 15%
- (39) Loss of thumb, with metacarpal bone..... 20%
- (40) Loss of two thumbs—
(two phalanges only)..... 40%
- (41) Loss of two thumbs, with metacarpals..... 45%
- (42) Loss of all fingers, or all but one on both hands..... 100%

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| | | | |
|------|--|------------|------|
| (43) | Ankylosis of wrist, complete— | | |
| | 1. In line with forearm, with slight or no loss in pronation and supination..... | | 20% |
| | 2. In bad position..... | up to | 35% |
| (44) | Loss of part of one hand— | | |
| | (suggested examples with estimate of incapacity) | | |
| | Thumb and index..... | | 30% |
| | Thumb, index and middle..... | | 45% |
| | Index and middle..... | | 15% |
| | Index, middle and ring..... | | 25% |
| | Index, middle, ring and little..... | | 45% |
| | Middle, ring and little..... | | 25% |
| | Ring and little..... | | 10% |
| | Thumb, index, middle and ring..... | | 50% |
| (45) | Loss of one hand..... | | 60% |
| (46) | Loss of both hands..... | | 100% |
| (47) | False joints in forearm— | | |
| | (estimated according to actual incapacity)..... | up to | 40% |
| | False joint one or both bones, with slight mobility, only..... | 10% to 15% | |
| (48) | Loss of forearm— | | |
| | (at middle third)..... | | 60% |
| (49) | Loss of forearm— | | |
| | (at 1½ inches, or less, below insertion of biceps)..... | | 65% |
| (50) | Disarticulation at elbow..... | | 70% |
| (51) | Loss of arm, just above elbow..... | | 70% |
| (52) | Ankylosis of elbow, complete— | | |
| | (a) Pronation and supination free | | |
| | 1. In flexion at an angle with humerus of from 80 degrees to 110 degrees..... | | 20% |
| | 2. In bad position..... | up to | 55% |
| | (b) Loss of pronation and supination..... | up to | 15% |
| (53) | False joint at elbow— | | |
| | (estimated according to actual incapacity)..... | up to | 40% |
| (54) | False joint in humerus— | | |
| | (estimated according to actual incapacity)..... | up to | 40% |
| (55) | Loss of arm, just below deltoid insertion..... | | 70% |
| (56) | Loss of arm, above deltoid..... | | 75% |
| (57) | Disarticulation of shoulder..... | | 80% |
| (58) | Ankylosis of shoulder-joint, complete— | | |
| | (estimated according to) | | |
| | (a) position of fixation, in slight abduction with free movement of shoulder girdle..... | | 20% |
| | (b) combined with fixation of shoulder girdle, depending upon position of fixation..... | up to | 60% |
| (59) | Injuries of nerves of arm— | | |
| | (a) Brachial plexus..... | up to | 80% |
| | (b) Musclev-spiral..... | up to | 50% |
| | (c) Median..... | up to | 40% |
| | (d) Ulnar..... | up to | 15% |

LOWER EXTREMITIES.

| | | | |
|------|---|-------|-----|
| (60) | Loss of any toe, other than big toes..... | up to | 3% |
| (61) | Loss of big toe..... | | 10% |
| | With head of metatarsal..... | up to | 15% |
| (62) | Ankylosis of big toe— | | |
| | Metatarsal phalangeal joint..... | up to | 15% |

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| | | |
|---|------------|------|
| (63) Loss of part of foot— (estimated according to actual incapacity)..... | up to | 40% |
| (64) Metatarsal ankylosis..... | up to | 40% |
| (65) Loss of one foot..... | | 40% |
| (66) Flat foot, ordinarily..... | up to | 20% |
| (67) Loss of both feet..... | | 80% |
| (68) Ankylosis of ankle, complete— (1) at right angle..... | | 20% |
| (2) in bad position..... | up to | 35% |
| (69) Loss of leg, at middle third..... | | 40% |
| (70) False joint in leg, middle third— (estimated according to actual incapacity, ordinarily)..... | up to | 40% |
| (71) Loss of leg, where stump is too short to fit "short" artificial leg..... | | 60% |
| (72) Loss of leg through knee joint..... | | 60% |
| (73) Loss of leg just above knee..... | | 60% |
| (74) Ankylosis of knee, complete— (estimated according to) (a) position in extension or slight flexion..... | | 20% |
| (b) in bad position..... | up to | 55% |
| (75) Dislocation of knee cartilages and chronic synovitis of the knee— (estimated according to actual incapacity, ordinarily)..... | 10% to 20% | |
| (76) Loss of both legs— (at or above the knee or below knees where stumps are too short for artificial legs)..... | | 100% |
| (77) Loss of thigh, middle third..... | | 65% |
| (78) Loss of thigh, upper third..... | | 75% |
| (79) False joint in thigh— (a) with only slight mobility, and weakness of leg..... | up to | 40% |
| (b) flail joint..... | up to | 75% |
| (80) Disarticulation of hip-joint..... | | 80% |
| (81) Ankylosis of hip-joint, complete— (a) in flexion at angle of about 135 degrees with body without adduction, abduction or rotation..... | up to | 50% |
| (b) in bad position with great difficulty in walking..... | up to | 75% |
| (82) Injuries to nerves of leg— (a) Sciatic..... | up to | 60% |
| (h) Ext. popliteal..... | up to | 20% |
| (a) Ant. tibial..... | up to | 10% |
| (b) Musc. cutaneous..... | up to | 10% |
| (2) Int. popliteal..... | up to | 20% |
| (a) Post tibial..... | up to | 10% |
| (b) Anterior crural..... | up to | 50% |
| (83) Shortening of leg— (one to three inches)..... | up to | 10% |
| (three to five inches)..... | up to | 15% |
| (84) Loss of any two extremities..... | up to | 100% |
| (85) Loss of one hand and one foot..... | | 85% |
| (86) Chronic osteomyelitis— (estimated according to actual incapacity.) | | |
| (87) Chronic sepsis— (estimated according to actual incapacity.) | | |
| (88) General debility— (estimated according to actual incapacity.) | | |
| (89) Varicose veins— (estimated according to actual incapacity, ordinarily)..... | | 10% |
| (90) Loss of one kidney without any symptoms..... | | 15% |

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30 In case of difficulty, Medical Officers may find reference to the following publications to be of value:

"Accidents de Travail, Guide pour l'Evaluation des Incapacités," by Saint-Germain, Paris, 1913.

"On the Estimation of Disability and Disease due to Injury," by Wyatt Johnston, in the Montreal Medical Journal, No. 4, page 281. April, 1900.

"Accidents in the Medico-Legal Aspect," by Douglas Knocker, published by Messrs. Butterworth and Company, London, 1912.

APPENDIX No. 2

TABLE FOR ESTIMATING INCAPACITY IN PULMONARY TUBERCULOSIS.

N.B.—When it is considered advisable, Medical Officers will make an estimate of disability graded at any percentage other than that named in the Table. The terminology used, and its assigned interpretation, is that employed by the National Association for the Prevention of Tuberculosis.

| Class. | Condition. | Clinical Description. | Employability. | Percentage of Disability. |
|--------|---------------------|--|---|---------------------------|
| 1 | Not Improved..... | | | 100 |
| 2 | Improved..... | Where there has been improvement sufficient to allow the use of the term. | These cases will, in all likelihood, relapse on any but the lightest kind of work. During the first six months, at least, disability should be considered as almost total. | 75—100 |
| 3 | Quiescent..... | No constitutional symptoms; tubercle bacilli may be present or not; stationary or better in physical signs; all the foregoing having been present at least two months. | Practically an active case under ordinary conditions of life, and should rest at least 75% of his time, in order to carry on in fair health,—hence a minimum of 75% for the first six months. | 75—100 |
| 4 | Apparently Arrested | Signs of a healed lesion without any symptoms for three months. | Should rest half of his time..... | 50—75 |
| 5 | Arrested..... | Signs of a healed lesion without relapse at end of six months under ordinary living conditions. | Should rest one-quarter of his time..... | 25—50 |
| 6 | Apparently..... | Signs of a healed lesion without relapse at end of two years under ordinary living conditions. | (Only limitation of employability is that he should avoid certain occupations involving undue exposure to dust and debilitating conditions. | 0—25 |

In this Table the degree of deafness is judged by the distance at which the soldier can hear ordinary conversational voice with each ear separately. Twenty feet is taken as the normal distance at which ordinary conversational voice should be heard.

| Both Ears Deaf. | One Ear Deaf. | Hearing One ear less than 1 foot. | Hearing One ear at 1 foot. | Hearing One ear 3 feet. | Hearing One ear 5 feet. | Hearing One ear 10 feet. | Hearing One ear 15 feet. | Hearing One ear 20 feet Normal. |
|-----------------|-----------------------------------|-----------------------------------|----------------------------|--------------------------|--------------------------|---------------------------|--------------------------|---------------------------------|
| 50% | Other ear less than one foot. 50% | Other less than 1 foot. 45% | Other ear at one foot. 40% | Other ear at 3 feet. 30% | Other ear at 5 feet. 20% | Other ear at 10 feet. 10% | Other ear at 15 feet. 2% | Other ear Normal at 20 feet. 0% |
| | Other at one foot. 45% | Other at one foot. 45% | Other at 3 feet. 35% | Other at 3 feet. 20% | Other at 10 feet. 15% | Other at 15 feet. 5% | Other Normal. 0% | |
| | Other at 3 feet. 40% | Other at 3 feet. 40% | Other at 5 feet. 30% | Other at 10 feet. 15% | Other at 15 feet. 10% | Other Normal. 2% | | |
| | Other at 5 feet. 35% | Other at 5 feet. 35% | Other at 10 feet. 20% | Other at 15 feet. 10% | Other Normal. 5% | | | |
| | Other at 10 feet. 25% | Other at 10 feet. 25% | Other at 15 feet. 15% | Other Normal. 5% | | | | |
| | Other at 15 feet. 20% | Other at 15 feet. 20% | Other Normal. 10% | | | | | |
| | Other Normal. 15% | Other Normal. 15% | | | | | | |

APPENDIX No. 2

BOARD OF PENSION COMMISSIONERS.

[illegible]

(1) COMPARATIVE TABLES—PENSIONS PAID BY ALLIED COUNTRIES.

| | CANADA (new scale). | CANADA (old scale). | GREAT BRITAIN. | AUSTRALIA. | NEW ZEALAND. | FRANCE. | UNITED STATES. | ITALY. |
|-------------------------------------|-------------------------|------------------------|--|---|------------------------|----------------------|---|--|
| | Yearly rate. | Yearly rate. | Yearly rate. | Yearly rate. | Yearly rate. | Yearly rate. | Yearly rate. | Yearly rate. |
| Total disability. | \$600 00 | \$480 00 | \$251 00 | \$375 00 | \$505 00 | \$240 00 | \$360 00 | \$243 00 |
| Widows. | 480 00 | 384 00 | 175 50 increased to \$191.75 when widow is 45 yrs. | 253 00 | 379 00 | 92 00 | 300 00 | 121 50 |
| Parents | 480 00 | 288 00 | not to exceed \$195 00 | Mother of unmarried son same as widow. Dependent parent awarded some pension. | 379 00 | | 240 00 | If without widow or children pension awarded to parents (same as widows pension) |
| Children | 96 00 | 72 00 | \$65 00 1st child 54 00 2nd child 43 00 3rd child 37 50 for each subsequent child. | \$130 00 1st child 97 50 2nd child 65 00 each subsequent child. | 130 00 | 20 00 | \$120 00 1st child 150 00 2nd child 60 00 each subsequent child up to two. | 0 |
| Orphan children. | 192 00 | 144 00 | \$91 00 1st child 78 00 for 2nd and subsequent children when maintained by the same person. | \$130 00 to 10 yrs. 162 50 10-14 yrs. 195 00 14-16 yrs | 195 00 | 20 00 | \$240 00 1st child 120 00 2nd child 120 00 3rd child 60 00 each subsequent child up to two. | Will receive widows pension while minors. |
| Special allowance for helplessness. | Not to exceed \$300 00 | Not to exceed \$250 00 | Not to exceed \$253 00 | Not to exceed \$253 00 | Not to exceed \$130 00 | No special allowance | Not to exceed \$240 00 | |
| Number of classes of disability. | 20 classes and gratuity | 5 classes and gratuity | 8 classes and gratuity. | | | 10 classes. | Compensation for partial disability is a percentage of total disability equal to the reduction in earning capacity. A schedule of disability ratings will be adopted. | 3 classes. |

(3) BOARD OF PENSION COMMISSIONERS FOR CANADA
ANALYSIS OF PENSIONS GRANTED TO 31ST MARCH, 1918.—DEPENDANTS

| | Sergeants. | | | Staff Sgts. | | | C.Q.M.S. | | | C.S.M. | | | R.Q.M.S. R.S.M. | | | W.O. | | |
|----------------|------------|------|----------|-------------|-----------|--------|-----------|----------|----------|-----------|----------|-----|--------------------|------|---|----------|------|-----------|
| | Amount. | No. | | Amount. | No. | | Amount. | No. | | Amount. | No. | | Amount. | No. | | Amount. | No. | |
| | \$ | cts. | | \$ | cts. | | \$ | cts. | | \$ | cts. | | \$ | cts. | | \$ | cts. | |
| To March 1911 | 112,776 00 | 1 | | 408 00 | 8 | | 3,264 00 | 34 | | 13,770 00 | | | | | 3 | 1,632 00 | 94 | 8. |
| April 1912 | 4,794 00 | | | | | | | | | | | | | | | | | 6 Rowell, |
| May 1919 | 10,794 00 | | | | | | | 2 | 816 00 | | | | | | | | | 10 |
| June 1915 | 13,668 00 | | | | 2 | 552 00 | | 2 | 816 00 | | | | | | | | | 28 Ross, |
| July 1912 | 12,444 00 | 1 | 408 00 | 3 | 1,122 00 | | 3 | 1,122 00 | 1 | 496 00 | | | | | | | | 22 |
| August 1910 | 11,364 00 | 1 | 408 00 | 1 | 408 00 | | 2 | 816 00 | | | | | | | | | | 15 |
| September 1918 | 10,548 00 | 1 | 408 00 | 1 | 408 00 | | | | 1 | 496 00 | | | | | | | | 21 |
| October 1914 | 9,264 00 | | | | | | | | | | | | | | | | | 14 M.P., |
| Total amount | 185,652 00 | 4 | 1,632 00 | 15 | 5,754 00 | 43 | 17,340 00 | 2 | 992 00 | 3 | 1,632 00 | 210 | | | | | | union |
| Inc. | 61,884 00 | | 544 00 | | 1,918 00 | | 5,780 00 | | 330 65 | | 544 00 | | | | | | | ations |
| Total | 247,536 00 | | 2,176 00 | | 7,672 00 | | 23,120 00 | | 1,322 65 | | 2,176 00 | | | | | | | |
| October 1918 | 4,080 00 | 2 | 1,020 00 | 1 | 510 00 | 1 | 510 00 | | | | | | | | | | | 5 gone |
| November 1919 | 9,690 00 | | | 3 | 1,530 00 | | | 4 | 1,196 00 | | | | | | | | | 13 ig the |
| December 1913 | 11,730 00 | 1 | 510 00 | 1 | 510 00 | 3 | 1,530 00 | | | 1 | 680 00 | 13 | | | | | | |
| January 1914 | 22,440 00 | 1 | 510 00 | 3 | 1,530 00 | 2 | 1,020 00 | 3 | 1,860 00 | | | | | | | | | 24 |
| February 1913 | 11,730 00 | 1 | 510 00 | 1 | 510 00 | | | 1 | 620 00 | 3 | 2,040 00 | 16 | | | | | | 16 eral's |
| March 1914 | 17,022 00 | 1 | 510 00 | 1 | 510 00 | 2 | 1,020 00 | | | | | 12 | | | | | | allow- |
| | 324,228 00 | 10 | 5,236 00 | 25 | 12,772 00 | 51 | 27,200 00 | 10 | 4,998 65 | 7 | 4,896 00 | 293 | | | | | | |

The

.DA.
NTS.

(1) COMPARATIVE TABLES—PENSIONS PAID BY ALLIED COUNTRIES.

| | ITALY. | Lieuts. | | Capts. | | Majors. | | Lt.-Cols. | | Cols. | | Spl. allce. | Total | | |
|----------------|--------|----------------------|--|---------|--|-----------|--|-----------|--|-----------|--|-------------|---------|--------------|--------------|
| | | Amount. | | No. | | Amount. | | No. | | Amount. | | | No. | | |
| | | \$ cts. | | \$ cts. | | \$ cts. | | \$ cts. | | \$ cts. | | | \$ cts. | | |
| | | 50,256 00 | | 44 | | 32,032 00 | | 36 | | 36,036 00 | | | 11 | | 13,728 00 |
| UNITED STATES. | | 3,024 00 | | 2 | | 1,600 00 | | 3 | | 2,520 00 | | | 1 | | |
| | | 5,472 00 | | 5 | | 3,800 00 | | 7 | | 4,464 00 | | | | | |
| | | 15,696 00 | | 6 | | 4,800 00 | | 11 | | 10,836 00 | | | | | |
| | | 12,384 00 | | 13 | | 10,200 00 | | 9 | | 8,820 00 | | | 1 | | |
| FRANCE | | 8,208 00 | | 3 | | 2,400 00 | | 3 | | 3,024 00 | | | 4 | | |
| | | 11,232 00 | | 4 | | 3,000 00 | | 3 | | 3,780 00 | | | | | |
| | | 7,632 00 | | 7 | | 5,600 00 | | 2 | | 1,764 00 | | | | | |
| | | 113,904 00 | | 84 | | 63,432 00 | | 15 | | 71,244 00 | | | 17 | | |
| NEW ZEALAND. | | 37,968 00 | | | | | | | | | | | | | |
| | | 151,872 00 | | | | 63,432 00 | | | | 71,244 00 | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| AUSTRALIA. | | 3,600 00 | | 1 | | 800 00 | | 1 | | 1,008 00 | | | | | |
| | | 9,360 00 | | 3 | | 2,400 00 | | 2 | | 2,016 00 | | | 1 | | |
| | | 9,360 00 | | 2 | | 1,600 00 | | 4 | | 4,032 00 | | | 1 | | |
| | | 16,752 00 | | 3 | | 2,400 00 | | 4 | | 4,032 00 | | | 2 | | |
| GREAT BRITAIN. | | 11,520 00 | | 5 | | 4,000 00 | | 3 | | 2,208 00 | | | | | |
| | | 8,640 00 | | 2 | | 1,600 00 | | 1 | | 1,008 00 | | | | | |
| | | 211,104 00 | | 100 | | 76,232 00 | | 90 | | 85,548 00 | | | 21 | | |
| | | | | | | | | | | | | | | | |
| CANADA | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| CANADA | | Children..... | | | | | | | | | | | | 12,344 | 1,131,231 00 |
| | | Total Liability..... | | | | | | | | | | | | 6,235,205 65 | |

APPENDIX No. 2

MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, Room 117.

WEDNESDAY, May 1, 1918.

The committee met at 10.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present.—Messieurs Green, Nesbitt, Nickle, Pardee, Power, Ross, Rowell and Sutherland.—8.

The minutes of last meeting were adopted as read.

The chairman read a communication received from Mr. H. H. Stevens, M.P., dated April 23, *re* the case of Colonel Labatt's disability pension; also a communication received from Mr. F. S. Scott, M.P., dated April 23, *re* the revision of pension regulations in respect to dependants of British Reservists,—said communications were ordered filed for records and for further consideration.

The committee then proceeded to consider the position of men who have gone from Canada and are now serving in allied countries. Information regarding the number of such men was ordered to be obtained from the Militia Department.

The further examination of Col. Belton and Mr. Mills was then resumed.

Major George Ussher Stiff and Major J. W. Margeson of the Paymaster-General's office, Militia Department, were examined for evidence in respect to separation allowance and assigned pay.

The committee then adjourned until Thursday, May 2, at 10.30 o'clock, a.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

8-9 GEORGE V, A. 1918

MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,
COMMITTEE ROOM 117,
WEDNESDAY, May 1, 1918.

The committee met at 10.30 a.m., the chairman, Hon. N. W. Rowell, presiding.

The CHAIRMAN: I have received a letter, addressed to me as Chairman of the Pensions Committee, from Mr. Stevens, a member of the House, which deals with the Dabatt case.

(The Chairman read the letter to the committee, and the committee decided to consider the matter later).

The CHAIRMAN: We have had presented to us a number of times the question of supplementing the pensions to men fighting in the Imperial forces, and also in the other forces of the allies, these men being residents of Canada at the time war broke out. I have a letter from Mr. Scott, member for South Waterloo, in connection with this matter, and perhaps we could get a report from Mr. Archibald on this question.

As to prospective dependencies, if Mr. Archibald could collect information as to what is being done in other countries in regard to this matter, I think it would help the committee.

Mr. ARCHIBALD: I think Major Margeson and Capt. Beatty drew assigned pay regulations last August and I think they went into the question thoroughly.

The CHAIRMAN: Major Stiff is in charge of the department, and our secretary will write to him, and he could either appear before us or send one of his officers in charge of that branch to give the information to the committee.

Col. C. W. BELTON recalled.

By Mr. Nickle:

Q. We were dealing with the case of that man who was awarded 10 per cent for the disability to his arm and who was fainting at irregular intervals. Have you the file there?—A. Yes, sir.

Q. What is the procedure to determine what pension a man shall have?—A. The recommendation is made by one of the staff of the medical officers, and it goes forward and the proceedings are made out, and later it comes before the commissioners for their approval.

Q. What commissioners signed that particular case?—A. It is not likely that any of the commissioners in person signed it. It would be signed for them. It was signed for J. K. L. Ross.

Q. Who signed it for him?—A. I cannot make out the signature.

Mr. ARCHIBALD: Probably Miss Balfour did, she is a private secretary.

Q. Do I understand the private secretaries of the commissioners are dealing with the disability cases without the commissioners reviewing the case?

Mr. ARCHIBALD: Certainly.

WITNESS: The commissioners could never review the cases.

Q. Who approved that pension, for the commissioners? Whose pension is it?—A. Wm. Childs.

Q. Who, on behalf of the Pension Commissioners approved of Childs' pension?—A. J. K. L. Ross, through somebody who acts for him, whose name I am unable to decipher.

APPENDIX No. 2

Q. Do I understand from you that these pensions are approved by the commissioners, by the rubber stamp method?—A. Yes, sir.

Q. Does not each case go before the commissioner for revision?—A. Of course it is submitted to the staff.

Q. I am asking a question?—A. As a matter of fact, I believe not.

Q. Mr. Archibald made the statement that possibly Mr. Ross' secretary approved of it?

Mr. ARCHIBALD: No, Col. Labatt's secretary.

Q. Who is she?

Mr. ARCHIBALD: It is a very simple business. Perhaps I had better explain it.

Q. Did you sign that report?—A. It was signed for me by the assistant in some way.

Q. Did you see it?—A. I saw it.

Q. Do you see every one of these reports?—A. No, I do not.

Q. Do I understand the pension may be awarded on the findings of subordinate officers of the Pension Commissioners Branch?—A. Yes.

Mr. ARCHIBALD: Or one.

Q. Then each case is not reviewed by the commissioners?—A. No.

Q. Nor by the head of the branch?—A. No.

Q. Then really the pension may be awarded on the judgment of some subordinate official or employee in the office?—A. Yes; if on my staff I am responsible.

Q. Explain the matter to me, because I will tell you frankly it is incomprehensible to me that you only gave 10 per cent in the Childs case.—A. I think that had this been submitted to any one of the fifteen medical officers we had up there, no higher pension would have been recommended by any one of them.

Q. Why?—A. This man's whole disabling condition consists in the fact that he has fainting spells once in six or seven weeks. If on each occasion he lost a day, it would not represent more than a week or ten days' lost in the year—one-fiftieth of his time—2 per cent, but he does not lose that time or anything like that time. Maybe he loses half an hour or an hour. He suffers from weakness, but that weakness is of a very temporary nature. Now, between his condition and the condition of one of the men who is totally disabled and laid up in bed there are a great many degrees. Now, if this man's condition be considered as justifying a pension higher than 10 per cent, all other cases that we consider as 10 per cent would become 20, and all the 20's would become 40's, and all the 40's would become 80's, and there would be a bulge at the top very shortly.

Q. You determine his pension in relation to the time he would lose from any employment?—A. Yes, from any employment.

Q. Did you consider him in relation to the one hundred and one things he could not do?—A. Exactly.

Q. He could not drive a team?—A. Yes.

Q. How could a man drive a team when he is liable to faint?—A. He is not going to faint. If we go over the medical board report we find none of this was present immediately after he received his injury. It is a neurosis which has developed. The Germans call it pension-neurosis.

Q. He has fainting spells?—A. Yes.

Q. He could not look after a machine?—A. He could.

Q. He could not work on a street car?—A. He could.

Q. What would happen if he fainted?—A. He would not faint. He does not faint under those circumstances. There is a difference between his case and the case of the true epileptics. The true epileptic could not be allowed around machinery, but the man who faints only faints when it is convenient to faint.

Q. Do you mean to say that this man is a malingerer?—A. I would prefer that you should hear Col. Russell on that.

8-9 GEORGE V, A. 1918

Q. You are giving evidence and it is your opinion we want. I do not want you to shift the responsibility.—A. Col. Russell will explain the whole condition.

Q. You are the medical officer in charge of the pensions. I want the evidence from you without any shifting. Is this man a malingerer?—A. No.

Q. Then he honestly has these weak spells?—A. Yes.

Q. Do you say he can control them?—A. To that extent that he will not have them when they endanger him in any way.

Q. Is it a mental or nervous condition?—A. It is a nervous condition.

Q. Would you think that a man operating a concern like a street railway would be wise in assuming the responsibility of employing this man as a motorman?—A. I think the man could carry on that work all right, but remember, Mr. Nickle, he is getting a pension, and we do limit his occupation.

Q. Admit he is getting 10 per cent pension, do you think any jury would relieve a company from responsibility if a man like that man was employed and fainted and there was an accident?—A. That question does not come in. He will not faint when he will do any damage, or may do any damage to himself or others.

By Mr. Ross:

Q. I suppose it is a medical fact?—A. That is why I say that Col. Russell will explain things to you when he appears, which will make this a very trivial affair when he shows you the matters which come within his cognizance.

By Mr. Nickle:

Q. I quite admit that the ramifications of the human body are extraordinary, but as a member of Parliament I am not prepared to admit that in the case of every man who comes back from this war with a peculiar functional derangement, it should be assumed that it is a voluntary thing for the purposes of pension. I have seen some decisions that ought to be reversed, and we know of them where great injustice was being done to the men, and I think we are getting entirely too scientific in estimating the degree of disability these men are suffering. We are running a high-class scientific institution, instead of an institution that gives reasonable remuneration to these men for disability. (No answer.)

By Mr. Ross:

Q. Did this man appeal from the decision allowing 10 per cent?—A. Yes, he appealed because of the reduction from the previous pension award, for which the explanation was that he was given at first rather more than his condition would call for to allow for a period of accommodation. He had some limitation of movement in his arm. The limitation amounts to inability to flex his arm more than 15 degrees beyond a right angle. That is really the reason of the reduction.

Q. Suppose that man's condition is such that he would not faint in the face of danger, do you think in any ordinary community it would be easy for him to obtain employment if the people in the district knew that from time to time he had these fainting spells?—A. That has been considered, and is included in the estimate when the recommendation for the award was made.

Q. If you were running a big industry of any kind would you employ any such man?—A. Yes, I would, have him cured the first time he had a fit.

Q. How would you do it?—A. That is a matter that had better not be trenched on. I would imagine it is purely medical treatment.

Q. If you can cure him, why not do it?—A. Well, there again I think all those neurotic cases—and I am arguing that all the time—should be cured of all such symptoms before they are pensioned at all. That is the line Col. Russell will bring before you, and there is no doubt about it that he could cure a man so that he would not have a recurrence.

[Col. C. W. Belton.]

APPENDIX No. 2

Q. You believe he should be kept on pay and allowance until he is perfectly well?
—A. I think he should.

Q. If he is discharged prematurely is he not entitled to recognition by way of reasonable pension?—A. Yes, and he is getting it.

By Mr. Pardee:

Q. How many of these commissioners are there? Fifteen did you say?—A. Three commissioners; fifteen refers to the medical staff.

Q. And did I understand you to say that in some cases they would not come before them, the particular specific cases would not come before any of them for revision at all?—A. Before any of the commissioners?

Q. Yes?—A. You understood me to say that, yes.

Q. They do not know anything at all then about what the award may be in particular cases that do not come to their notice?—A. No.

Q. Then what are the duties of the commissioners? If that is not what they are there for what are their duties? What do we appoint them for?—A. I think you will have to examine them about that. I know that they are exceedingly busy men.

Q. On what?—A. On pension matters. I know their time is fully employed. I know they are very much in earnest in doing the work, but as to exactly what they are doing, I could hardly be asked to explain that. I am in contact with them many and many a time, and they want to know about this case or that case. I have to explain to them the details of my work, and the work of the staff very frequently. One of the commissioners is a medical man himself.

By Mr. Nesbitt:

Q. Which one?—A. Major Todd.

Q. He is in England. Why is he kept there?—A. He has gone to England on a special mission in regard to the question of pensions.

By Mr. Pardee:

Q. Your function is simply to report to the Commissioners?—A. To examine the cases and to recommend an award.

Q. They are a sort of court of review on your award?—A. Rather more largely matters of general policy, matters in connection with other departments of government.

Q. Matters of what?—A. Matters of policy, matters in connection with co-ordinating our work with that of other departments of government. They have a very great deal to do with the Department of Militia and Defence from which department we get all the information we have for making up pensions.

Q. The only information you get from the Department of Militia and Defence as I understand it is in this way: A man's case comes up, you send to the Department of Militia and Defence for the file and you strip that file for the necessary papers, and your dealings with the Militia Department end there, do they not?—A. That is only a very small part of it.

Q. In what you get from the Militia Department you look for this man's medical history and make your recommendation?—A. Yes.

Q. That recommendation does not necessarily have to go before the Commissioners, or does it?—A. It does not go before the Commissioners personally, no.

Q. Before whom would it go if it did not go before the Commissioners?—A. As far as my department is concerned it does go before them. If they deputize somebody else to sign it, that is something beyond my purview.

Q. You have got to the end of your duty when you make your recommendation?—A. Yes.

Q. There you stop?—A. Yes. I may say that for a good while they were signed personally by one or other of the Commissioners, but they soon found that it was beyond the ability of one man to handle them. He could not sign them.

[Col. C. W. Belton.]

8-9 GEORGE V, A. 1918

Q. You make your recommendation, and upon your recommendation the award is made?—A. Yes.

Q. As I understand it, these Commissioners were primarily appointed to make these awards. They were the men to say "This pension is right," or "That pension is right," or, "We think we will change it." That was the original intention.—A. Yes.

Q. As it is to-day, that is entirely departed from.—A. I think not; I think they are responsible.

Q. They may be responsible, but those awards do not come under their own personal supervision?—A. No, physically impossible.

Q. Then does the Commissioner deputize somebody of his own volition to make those awards or revise those awards or recommendations?—A. He does—that is to inscribe his name on them, as far as that goes.

Q. But he has never seen them?—A. No. He divides the direct control of the several branches of his machinery to somebody else and is always responsible for the whole.

Q. He is always responsible for it, but he has not seen the specific award, nor the specific case upon which the award is made?—A. He could not do so; he could not revise them, it is a physical impossibility.

Q. The Pension Commissioners are doing something else than award pensions to disabled soldiers?—A. They are doing that but they are not doing it directly.

Q. How many people are deputized to do such a thing as that, other than the Commissioners?—A. I cannot say.

Q. Would there be a large number in that department that were dealt with by Major Todd or somebody else?—A. I do not know.

By Mr. Nickle:

Q. When a medical board report comes in from outside does it go before a medical board in connection with the Pension Commissioners' work, or does it go before some individual doctor?—A. It goes before an individual.

Q. Does that individual report his findings to a medical board in the Pension Commissioners' office?—A. No.

Q. Then the outside medical board's findings are reviewed by an individual doctor in connection with the Pension Commissioners' work?—A. Yes.

Q. Then one doctor in Ottawa might overrule three doctors outside?—A. No.

Q. Why not?—A. Because if any such question as that arises, if there is doubt about it, he refers it to the head of the branch, myself.

Q. When the pension allowed by the medical board outside is in any way varied, it is referred always to you?—A. To myself or a senior member.

Q. How many senior members are there?—A. By senior I mean a man who has been employed for a long period, say a year or so, the staff is constantly increasing.

Q. How many of such men are there?—A. We have six or seven.

Q. Assuming the finding of an outside board came before one of these senior men, he may overrule the findings of the outside board, he can vary the findings of the outside board?—A. No, he cannot. He must take their description as it is given him, or secure a better one by sending it back.

Q. He can vary the percentage of disability that the outside board allows under the previous question?—A. Yes.

Q. Then he can vary the pension allowance?—A. Yes.

Q. Then if he varies it, when it goes on to one of the Pension Commissioners for approval, do you say the Pension Commissioner's name may be rubber-stamped by a stenographer?—A. Yes.

Q. So that it really works down to this: That the senior medical officer in the Pension Commissioners' office may overrule the finding of an outside medical board who has seen the man, and the concurrence of the board is rubber-stamped on it?

[Col. C. W. Belton.]

APPENDIX No. 2

Is that correct?—A. That is correct, but more than that, he has got to overrule it or he will lose his job, because our table of disability lays down a certain thing for the loss of a leg below the knee. If the medical board says 100 per cent or 75 or 80 per cent, whatever it may be, that makes no difference, the medical adviser in the office must say 40 per cent, because that percentage is established for such a disability.

Q. It comes down to this: Some one senior officer or some other medical officer is determining the pension paid to the soldier absolutely?—A. No, because he has rules and regulations and guides to carry him along, but in that way he is determining.

Q. Subject to the rules and regulations?—A. Exactly.

Q. And the scale of pension disabilities?—A. Yes.

Q. And in the application of that scale to individual cases the pension allowed a man is determined by the discretion of some medical officer in the Pension Commissioners' office and the approval of the Commissioners is given perfunctorily in the majority of cases?—A. Yes.

By Mr. Pardee:

Q. Along that same line of argument, it does not make very much difference what the outside board says?—A. It does not make any difference except the description they give of the man's condition. That is what goes. Their estimate sometimes only suggests that their description may not have been well done. There may have been an inconsistency between the two. If a small thing is described and a large estimate given, that suggests that more information should be secured.

By Mr. Ross:

Q. They might not understand the rules and regulations that guide you, and they would put on a greater disability to a condition than they were entitled to?—A. That occurs frequently.

Mr. NICKLE: One man in the Pensions Commissioners' office has the authority without having seen the pensioner to overrule the findings of three men who have examined the pensioner.

By Mr. Ross:

Q. I understand that the case goes to one doctor in the first place and if there is any variation in it it goes to a senior doctor, and if it went to the senior doctor first it might be reviewed by him?—A. Yes, exactly.

Q. If it goes to a senior doctor first his decision would be final?—A. No, in that case he would still send it to a senior. Where there is a difference between the medical men, or where the thing is of an unusual nature, it comes from the senior officer to myself, or from a junior officer to a senior officer.

By Mr. Nickle:

Q. Do you pass on all these?—A. No, sir, I do not. I am stating these things to bring out the point I am speaking of.

By Mr. Sutherland:

Q. Did the Childs case come before you?—A. No. In this case the medical board estimates the arm disability at 10 per cent and the man's fainting spells at 5 per cent. Our medical adviser says the disability first mentioned is negligible. By itself it would be negligible, but it may be taken to add 1 or 2 per cent to the second disability, the fainting, and he increases that from 5 to 10 per cent. Let us get at the idea of the medical board. They give 10 per cent for something which we consider negligible, and they give 5 per cent for the fainting. According to their idea that fainting is a mighty small thing, is it not, and yet we have increased it to 10 per cent taking in all the elements you speak of. The man's loss of time does not amount to ten hours in the year.

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By Mr. Nickle:

Q. What are the Pension Commissioners doing? If the scale of disability is determined, and the medical men determining the pension from the description given by the outside board, and you have taken away from the outside board the right of determining it in percentages, what are the Pension Commissioners doing?—A. I think it is not my place to say, but I know they are very busy men and doing their work.

Q. Do you have a centrally constituted medical board that meet as a board to consider all those unusual cases?—A. In some of those unusual cases they are considered by every man on our staff.

Q. I tried to frame my question carefully and I would like an answer?—A. No, sir, we have not.

Q. Have you a control medical board which passes judgment on all these unusual cases?—A. No.

Q. It really means that one or two men down there may determine the amount of a pension, without reference to any central unifying body in your office?—A. The whole body is unified, and they co-ordinate.

Q. No central body?—A. Nothing further than that.

By Mr. Nesbitt:

Q. Do the reports of these medical boards come direct to the Pension Commissioners?—A. They simply make their observations. Any of these forms will show how the observations are made by the medical adviser. It is then passed on to the department which types the proceedings awarding pensions. After being supervised as to its correctness, it is passed up to the Pension Commissioners to be dealt with by them.

By the Chairman:

Q. Let us see one of these cases?—A. Here is a recommendation made to us.

Q. First you have the report of the local medical board?—A. Yes, that is the examining board in Ottawa. This describes his condition.

Q. First you have a description of the condition?—A. Yes.

Q. Then you have their recommendation?—A. Yes. Here are the questions to be answered: "To what extent if any has disability increased during past year? Is the disability permanent?" It says here that the first is permanent and the other is not.

Q. They give 10 per cent for No. 1, and 5 per cent for the fainting?—A. Yes.

Q. And they make a recommendation of 15 per cent as the total?—A. Yes.

Q. Where is your report reviewing that?—A. This is it before me.

Q. Then the recommendation is 10 per cent?—A. Yes.

Q. That is signed by one of your associates?—A. Yes.

Q. From him it goes to whom?—A. To these people and they type these proceedings.

Q. Then the report is finally made under your authority?—A. Yes.

Q. All these things go to the Pension Commissioners under your authority. They do not go in the names of your associates, but they go in your name?—A. Yes.

Q. And you are responsible for these reports?—A. Yes.

By Mr. Nesbitt:

Q. They go in your name to the Pension Commissioners?—A. Yes.

By the Chairman:

Q. Then the commissioners approve or otherwise your recommendation?—A. Yes.

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Q. Just a word or two about the arrangement; you have already told us you have how many medical associates in the work?—A. I have a permanent staff of thirteen and a number of temporary employees.

Q. How is the work divided? Where do the reports come from to you? From the Board of Commissioners?—A. They come there from what we call the central registry where all files go through, and they are allocated in this way: I have to set off a number of gentlemen who deal with nervous diseases and a number of others who deal with pulmonary and heart diseases, and others deal with the effects of wounds, and others with general diseases and they are divided into those classes.

Q. Four classes?—A. Yes.

Q. And you have to assign to each class the medical or surgical men whom you consider specifically qualified to deal with those classes of case?—A. Yes.

Q. Does every case that comes up in the local medical board come for review before the man who has specially to deal with that class of case?—A. Yes.

Q. Then there are six or seven senior men you say?—A. Yes.

Q. And you have already explained how these cases are dealt with?—A. Yes.

Q. Do you meet together at any time for consultation or conference over matters that arise in the administration of the department, or do you as chief simply consult with members of the commission as you deem necessary?—A. We frequently discuss general questions as a body together. We occasionally have short papers read by some gentlemen who are following up special literature, and they give us extracts from that literature. There are frequent consultations between individual members and there are innumerable conferences between members of the staff and myself on special cases.

Q. How do you secure uniformity in the awards? Mr. Archibald pointed out the first day he gave evidence here that you would receive medical boards say from one section of the country that would recommend 60 per cent disability for some particular affection, and you would receive the report of the medical board from another section of the country, who would recommend 30 per cent for exactly the same disability. The descriptions would be the same. How do you secure uniformity in the award in cases like that?—A. Our table of disabilities assists largely, then there are precedents that we have established and the usage. I have often taken up a case of a somewhat new nature and passed it to individual members of the staff, not wishing one to know the interpretation of the other, and it is seldom there would be more than a difference of 5 per cent of opinion, and I can determine with almost absolute certainty what award will be given on any case. If I could not do that I would not have confidence in the staff. The staff has been built up slowly. I have been now nearly three years at the work myself. For a year and a half I carried it along and since that I have been building it up. Some time ago there was a revision made of the whole of our work, because of the change in pension regulations. The pensions were increased. At that time we had to bring in outside help; some twenty-five or thirty medical men from the city were brought in. They went over the whole of our work. There was not 1 per cent of the work done that was called in question by them, and I do not suppose in the whole lot of 10,000 pensions that changes were made in more than two or three cases, and those were clerical errors that crept in. That is to say that body of men said our work was absolutely consistent.

Q. Then if I understand you aright, by long experience and actual day-to-day work in dealing with these pension claims, you and your staff have arrived at such a uniform standard in dealing with them that you can ascertain almost with mathematical precision what the award would be in any case?—A. Yes.

Q. From your knowledge of the symptoms present and from the work of the staff?—A. Yes, it is expert work and the men who have engaged upon it have become experts.

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By Mr. Ross:

Q. Who appoints your staff?—A. It is appointed by the Commissioners.

Q. The Civil Service Commissioners?—A. Yes, it comes at present through the Civil Service Commissioners.

By Mr. Sutherland:

Q. Have you specialists who were recognized as specialists along certain lines before they were appointed?—A. No, sir, we did have specialists associated with the medical board in the field. That is a different line of work. The diagnosis of disease conditions and the description of it are different matters. The interpretation of those things is a matter in which our staff is skilled. They are all practitioners of medicine of varied qualifications, but this is special work interpreting the descriptions given by medical boards.

Q. Now, it really all comes down to this: If it is mathematically as accurate as you suggest it is, what the Pensions Commissioners want to look out for is that the disabling condition is adequately described on the examination before the medical board?—A. That is the crucial thing, sir.

Q. Because the determination once the facts are known, is so accurate that in 10,000 cases, fifteen new doctors could not find one per cent of irregularity?—A. That is so when they were trained on the job, of course.

Q. You took them in from the city?—A. Yes.

Q. And the accuracy of the determination of the disability was such that there was not more than one per cent of irregularity in 10,000 cases?—A. No.

Q. The crux of the whole situation is to see that the local examining board adequately expresses the disabling condition of the men making out the claim?—A. Exactly.

Q. Are there any statistics kept in your department as to the various persons who are pensioned, such as labourers, professional men, and so on?—A. No, there are no statistics of that kind.

Q. Have you any idea of the percentage at all along these lines?—A. No, nothing, except in a very general way. Such statistics may be kept because the occupation of each individual is given.

Q. Those statistics, however, are not kept by you?—A. No.

Q. You have no idea by what department they are kept?—A. I do not think they are kept at all, but we have the information by which they may be kept.

Mr. SUTHERLAND: Do you know of any such, Mr. Archibald?

Mr. ARCHIBALD: No, there are no such statements at all. Section 7 of the regulations says that all pensions awarded to members of the forces shall be determined by the disability of the application without reference to his occupation prior to enlistment, and section 9 says that no deduction shall be made from the amount awarded to any pensioner owing to his having undertaken work or perfected himself in some form of industry. I think the Military Hospitals Commission took into account the previous employment of men who returned to Canada.

By Mr. Pardee:

Q. Do you know why section 7 makes that specific exception "without reference to his occupation prior to enlistment"?—A. No, that was before my time.

Mr. NESBITT: That was the basis of our recommendation on a previous occasion.

By Mr. Sutherland:

Q. You stated that the first board was really the most important one with regard to the soldiers' pensions. Do you see any reason why the soldier should not select one of the board to make the examination? He is the most interested party. His family physician would understand his condition better than any one else. Would you see any objection to having a representative of that kind on the board?—A. On the last board I think you mean?

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Q. No, I mean the board that examines him before he gets his discharge.—A. It would be practically impossible to arrange such a thing. We have boards doing this sort of work in all the centres and they are busy night and day and they have great difficulty in connecting up with the men and getting the examination done. There is one way in which we could get the opinion of the man's own personal attendant if he wishes to give it and that is through a medical certificate, and we get a lot of medical certificates as to the condition of these men, but because these gentlemen do not understand the basis on which a man is given a pension, it is not a very intelligent certificate. That is to say, in regard to the disabling condition. The history of the man's case, the wounds he has had, and the sicknesses he has gone through loom very large in their minds, whereas the actual inability to do something by which he earns his livelihood they do not consider at all. We have frequently had 75 per cent estimate made by the family physician when the man had no disability whatever.

By the Chairman:

Q. When a man is suffering from nervous trouble or shell-shock it is not apparent to anyone for possibly weeks at a time, and it may come on very suddenly. His private physician would realize the condition the man was in, whereas the other doctor would not know anything about it. He is only before him a very short time and makes a cursory examination and it would not be possible for him to describe the condition so that the Pension Board could do justice to him. The soldier is the most interested party. Why should he not have the right to select, if he saw fit, one of the examining board previous to his discharge? I know cases where a very serious injustice has been done to soldiers in not being given an adequate pension.—A. If there are any such cases we will be only too glad to hear of them and remedy them. Take the soldier who has been for months in a convalescent home and his condition noted from day to day by medical attendants; the family physician cannot have that knowledge.

By Mr. Nickle:

Q. Take the city of Kingston for example; why is not a man like Dr. Connell and the other doctor in connection with the hospital there and other doctors who have the men under their eyes from time to time, capable with your scale of pension disability before them, to reach a better conclusion as to a man's condition, than some doctor on the corner of Sparks and Elgin street, who only knows what others have written down? Yet this doctor overrules this board repeatedly?—A. Yes, these gentlemen are experts as professional men, but they are not experts in awarding pensions.

Q. Why not?—A. Because it is impossible to educate them along that line. It is an impossibility.

Q. Take your own case; I think you arrogate to yourself a superiority that is hardly justified, and you criticize the outside men much more than they deserve. Before the war you had no experience in awarding pensions to any great degree, had you?—A. I had experience, but not a large one.

Q. Dr. Connell has been overseas in France and Egypt and came back to take charge of the hospital?—A. Yes.

Q. Why is he so signally ignorant?—A. He is not.

Q. Why can he not determine the pension on the scale of disability having the scale before him, just as accurately as some of the men you take into your department?—A. In many cases he certainly can be, for instance in regard to the loss of limbs as laid down exactly in the table of disability he would be all right, but we find in practice nevertheless that these men do not follow the table, and we have to correct them.

Q. Why cannot the men who have had these men under them for weeks and months better judge the disability than a group of men who theoretically determine it in Ottawa?—A. I can only say that in practice they do not. We may have the best medical men of Montreal express an opinion about a case and the best men in another

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centre express an opinion. Their descriptions are all right, but when it comes to estimates they are as far apart as can be.

Q. But you have given them the yard stick in scale of disabilities?—A. No, it is not complete to that extent.

Q. It is a fairly accurate yard stick?—A. Yes, as far as it goes.

Q. In some of your districts, as Col. Cameron said, your outside medical service is not up to the mark?—A. It varies from time to time. These boards change. One medical board may be doing very fair work and may have got on to the game well, and some member of it is taken away and a new man comes in, and he has to be educated.

Q. But you bring new men down here when you revise all those pensions—A. Yes, and they do not pay a pension for three months after they come here. Every bit of work they do is revised.

Q. And yet you tell me that 15 medical men brought in from the city of Ottawa, who had no practical experience, certified that your work was so accurate that there was only 1 per cent in 10,000?—A. That was just a tribute that comes from the outside profession. They had to have many things explained to them.

Q. Is the outside profession in Ottawa so superior to the outside profession in the Dominion that the tribute of accuracy is of greater value than the criticism of the outside medical profession?—A. No, I do not say that.

By Mr. Power:

Q. In reference to a question you answered a short time ago as to some of these men who have a disability which is not apparent; that is to say, not a wound or anything which the medical board point to, but there is a man called Morency who returned here and was discharged, as suffering from tacheycardia, D.A.H.?—A. Disordered action of the heart.

Q. I was told he had a slight irritability of the heart on exertion, and he complains of being short of breath. At present he is able to walk a distance not exceeding five miles. All other symptoms are normal and the decision of the medical adviser was that the previous disability was negligible and pension was not allowed. They enclosed a certificate of incapacity to be filled in by a private practitioner and returned to the board and the case would be given further consideration, but they add that should he show the disability was aggravated by service, the board would pay the charges up to \$5; otherwise they would not pay any charges. I have had this man under observation by a practitioner in Montreal and he states he is suffering from loss of memory and organic heart disease. I know he is suffering from loss of memory, because he obtained a position in which he was doing clerical work, and he was unable to hold it because he couldn't carry it on. Would the board take this into consideration?—A. That certificate.

Q. Would they take a certificate of this kind into consideration?—A. Certainly, they must consider it.

Q. What action would the board take upon that? Would the board also have this man looked after for some time, in order to see that he really was suffering from loss of memory, or would they just examine him for five or ten minutes?—A. In the first place that certificate would be sent in to the Board of Pension Commissioners and it would be considered, and if it appeared the man's condition had not been properly described before, or that it had become worse on account of something that happened to him on war service a re-examination would be ordered and on the result of that examination his pension would be re-considered.

Q. But the crux of the situation is that it would be up to him that this happened on war service. I think this man was discharged three months ago, and at the present time he is suffering from loss of memory. Is it implied that this loss of memory occurred on service, or has he got to prove it?—A. Well, the history of the

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case might make it very probable, or the history of the case might exclude it. It would depend upon that.

Q. The history of the injury?—A. Yes, and what followed the injury. If he had loss of memory and other disturbances of that kind at the time of his injury, and it continued on or temporarily disappeared, we would assume that loss of memory in itself arising four months after discharge had to do with the service.

Q. What will become of this man now? Supposing I hand this in to the Board of Pension Commissioners what will become of the man? He is in Quebec. He will report, I presume, to the board there?—A. Yes, if called upon to go to the medical board.

Q. What will become of him then. Will he be sent to the hospital for observation?—A. Not necessarily. If considered necessary it would be recommended to me.

Q. How can they establish loss of memory unless they observe him in some way?—A. They always have that means of observing a man by putting him in an institution and keeping him under observation.

By Mr. Ross:

Q. He would be examined by the board, and the board would decide whether that was the course to pursue?—A. They would make recommendations, but if necessary we would put on a neurologist, a specialist, and he could determine whether there was any such thing present.

Q. By a temporary examination?—A. Yes, largely.

By Mr. Pardee:

Q. As to loss of memory?—A. Yes.

Q. Might such a man be well to-day and ill to-morrow?—A. Yes.

Q. A temporary examination would not prove or disprove that?—A. Yes, it would show some mental disturbances that were or were not consistent with such a condition as that.

Q. The only true way to do it would be by having this man under observation, would it not?—A. If the medical opinion is that he should be so observed he is put under observation. We get the best medical opinion on these cases.

The CHAIRMAN: Col. Russell deals with all these cases and he will be here to-morrow.

By Mr. Nickle:

Q. The report that the outside medical men submit to you only shows their findings, does it?—A. Yes, their description of the case.

Q. Is there any part of the form where what the man says is the matter with him is shown?—A. Yes.

Q. All that I have here shows what the board finds are the facts.—A. Here is a form which shows it.

Q. That is a new form?—A. Yes, printed February of this year.

Q. That is a form for the soldier's statement to appear on the record?—A. Yes, we wanted it a long time.

Q. Supposing he wanted to have a private medical practitioner of his own make an examination of his condition would it appear there too?—A. Sure; not on the form, but it would be attached.

Mr. NESBITT: I have always understood that in practice they got their own medical certificate.

By Mr. Nickle:

Q. Are these forms in use now?—A. Yes, for some time.

Q. How long?—A. Printed in February.

Q. Then they have only been in use a very few weeks?—A. Just since that time.

Q. I have heard a great deal of complaint from the men that their side of the case was not presented to the board?—A. They are given every opportunity of presenting it.

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Q. With this form their side of the case will be presented?—A. Yes, we want them to know what the medical board find as far as the description of the case is concerned.

Q. Why do you not put on the form a place where the man's statement of the case may be taken down as a part of the record?—A. That is there.

Q. I cannot see it?—A. It says, "I complain in addition".

Mr. POWER: A place where he can make a statement, "I was wounded at such a time and have been in the hospital for such a time."

By Mr. Nickle:

Q. I do not think he should do it as a complaint but as of right. What do you say about it?—A. This is a form used in the first place for the Militia Department, to make a recommendation for the man's discharge, and the Board of Pension Commissioners from the beginning have been suggesting matters to help us on that form, and we would like some more made just now but they tell us, that they have 300,000 printed and we must wait.

Q. It would not matter if you had 600,000.—A. If we got 600,000 of another kind we would soon want another change.

Q. You do not mean to say that because you have 300,000 forms printed therefore you must have 300,000 cases where injustice must be done?—A. No, not one.

Q. If they are wrong change them.—A. So far as the Board of Pension Commissioners is concerned it does not prepare that form, and they have made recommendations to the Militia Department to have alterations made from time to time.

Q. You representing the Pension Commissioners know that you have power to ask for any report you want from the medical boards and they have to be furnished to you.—A. Yes, and we have succeeded in getting them.

Q. Why can you not put out a form you want sent in which the man's statement of the case appears, not what the doctors think, but what the man alleges as to his condition and the development of his disability, not as overruling the medical men, but as a statement of his case?—A. Well, the necessity of such a thing has not appealed to us.

Q. It has appealed to the men?—A. If it is necessary to satisfy the men in that regard, that is another matter. It has never been put up to me.

By the Chairman:

Q. Are there any other changes that should be made in the forms used by the medical board to aid the Pension Commissioners in arriving at their conclusion?—A. We keep these things constantly under advisement and constantly suggestions are made about changes. We have three or four changes that should be made. The Invalided Soldiers Commission will require that some changes be made in it. Various bodies dealing with the soldier after he has been discharged may require some. We have to come together on these matters and it takes time. We feel that we must not be too insistent upon things we need but can get along very well without.

Mr. MILLS: In connection with the Childs case at the time of his discharge he said to me that he had no regular discharge from the board. I notice in this file that the board is dated July 9, 1917. His discharge I believe is dated September 1, 1917. He obtained work about the 1st of August and while he was working his discharge came through.

The CHAIRMAN: I suppose the meaning would be that he was examined for discharge in July and the discharge came through in September.

Mr. MILLS: Yes. Would it be in order for me to ask the witness a question as to the number of times the Board of Pension Commissioners held sessions to decide on cases.

THE CHAIRMAN: Col. Belton was not a member of the Board of Pension Commissioners. That would not come within his sphere. Anything further on this Childs case?

Mr. MILLS: No.

[Col. C. W. Belton.]

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KENNETH ARCHIBALD recalled.

By Mr. Nesbitt:

Q. Col. Belton says that cases are sent by the medical board into the Pensions Commission, and I would like to know what the procedure is after they have received the report.—A. After the reports are received in the medical branch?

Q. No, in the Pension Commission.—A. The medical officer makes a recommendation. It is thereupon typed and the proceedings are thereupon checked carefully against the recommendation. They are finally signed for the medical adviser and checked by another checker. Sometimes the medical adviser signs them, but we consider he is too responsible a man, or too highly paid a man to bother putting his signature on documents which might just as well be signed by a checker for him. The proceedings then come to the Commissioners' office. The Commissioners used to sign them themselves. They were busy practically three-quarters of the day writing their names and they decided it was not worth while writing their names, because they were not competent to check the medical opinion which had been given; not being medical men they were not competent to check the medical opinion; also they were not able to write their signatures more than a certain number of times a day, and they therefore authorized their clerk who is in a fairly responsible position to sign the proceedings. She is a lady, but is receiving \$1,200 a year, which is quite a lot for a lady, and they authorize her to sign the proceedings for the Commission. The proceedings thereupon go out of the Commissioners' office through the pay branch. The pay branch simply take the proceedings giving authorization and pay the money, and it is all through.

By Mr. Nickle:

Q. You are not saying that a lady is competent to express a medical opinion?—A. Not a bit. Nobody but a medical officer can form an opinion.

By Mr. Green:

Q. What particular part do the board take in it?—A. They do not take any part at all except when special cases are referred to them. Col. Belton frequently referred special cases to the Commission, and those cases are considered by all the Commissioners and nearly always the Commission's decision is that they cannot decide, that they cannot tell anything about the medical end of it.

By Mr. Nesbitt:

Q. As a matter of fact they do not read over the reports?—A. They read over the reports and they perhaps call up Col. Belton or one of the other medical officers to explain.

Q. As a matter of fact, you say the Commissioners themselves read over the reports, but they have not time to sign their names, I do not see how they can read over the reports?—A. I said only special cases that were referred to them.

By Mr. Pardee:

Q. And they were not any wiser after reading the report than they were before?—A. No, not much, as the reports are of a medical nature.

Q. I suppose if the Commissioners should be in England for six months the Pension Board would go on just exactly the same?—A. Not a bit.

Q. Why not?—A. The Commissioners have been appointed to have exclusive jurisdiction to award and administer pensions. Up to the present we have been talking about awarding pensions. They award them through subordinates but they administer the pensions themselves.

Q. What do they do?—A. They see to the organization of the whole board to start with. There are 525 or 530 employees at the present time. They are divided

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among about seven branches. The branches all have to be co-ordinated and run together properly. For instance, take a disability case. It starts with the medical officer. It goes on to the medical branch. From there to the Commissioners, which simply amounts to the girl signing her name, and checking, and it thereupon goes up to the Pay Branch. Subsequently we get a report from the district that the man who is supposed to be suffering very severely from rheumatism is walking about and jumping on street cars. Or perhaps he has a stiff leg, and we hear that his leg is apparently quite normal. We get a report from the district through what used to be called the Investigation Branch, but which is now part of the Claims Branch, and in that case it comes up through the Claims Branch by the same procedure. The Commissioners have to organize all and keep it organized, which is not easy.

By Mr. Nesbitt:

Q. Each one of these branches has a head?—A. Yes.

Q. And the Commissioners depend entirely upon that head?—A. Yes, but there is the co-ordination of the branches.

Q. A competent accountant could organize the department in a month or two and let it go on?—A. We had an accountant in to organize the department and he did organize it, and got it running nicely and smoothly but it would not continue to run smoothly. At various times the organization has begun to get out of order and the Commissioners have had to come in solidly in a body and bring it up to efficiency again. They were losing efficiency all the time. If you did not have these Commissioners—

Q. If we did not have the Commissioners as you have told us, we could have one first-class organizer for the whole outfit?—A. If we had one first-class organizer he might do the work, but he would have to be a big man and stick on the job every day.

Q. There are men doing business in this country who do double the business you do there?—A. There may be; I am willing to admit that.

By Mr. Pardee:

Q. Is it any larger than a ministerial proposition? I do not mean it in a religious sense.—A. I do not think it is any larger than most of the ministers here; at the same time I am sure it is run quite as well, if not better than any minister's department.

MR. NESBITT: That may be true.

Col. C. W. BELTON recalled.

By Mr. Pardee:

Q. Where in this sheet is there space for the report of the district medical board that examined this man, or does it appear there?—A. That is his original disability report.

Q. Is that the report of the medical board?—A. No, this report is brought forward generally by the hospital where the man is or the convalescent home. One particular officer makes all this medical report. The opinion of the medical board is placed here.

Q. That is the medical board of the district?—A. Yes. The question is asked here, "Does the board concur with the preceding report? If not, reasons, etc." Now they may alter anything there if they differ with it.

Q. All this is filled up by the man who has had this particular applicant under constant supervision?—A. Yes.

Q. Then this is the opinion of your board?—A. No, of the board in the district.

Q. As to whether or not they agree with the report of the officer of the hospital?—A. Yes, with the man before them.

Q. And that all comes to you?—A. Yes.

[Col. C. W. Belton.]

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Q. So you get the report of the condition of that man from the convalescent home by the medical officer of that home, plus the opinion of the medical district board, and upon that you act?—A. Yes.

By Mr. Sutherland:

Q. Does the district board have the man's medical sheet or history from medical boards in the old country before it?—A. Yes, they have all the medical reports that accompany the man from overseas, if he has been overseas.

Q. Do you take that into consideration if there is any revision being made?—A. We take all this into consideration.

Q. I asked you on Friday about Sergt.-Major Tooke?—A. I have the file.

Q. That case, I think, may illustrate the process through which the soldier goes and his record as well as anything. Turn up the record and give it to us?—A. I have it here, but I was going to give it to you privately.

KENNETH ARCHIBALD recalled.

By Mr. Green:

Q. You spoke about special cases referred to the Commission.—A. Yes.

Q. What percentage of cases were referred in that way to the Commission?—A. From the medical branch there is an extremely small percentage of cases referred to the Commissioners. Most frequently they are referred from the point of view as to whether the applicant has been guilty of intemperance or improper conduct. The rule was made by the Commissioner that no pension should be refused to a man on account of improper conduct without it first having been submitted to the Commissioner. There is probably an average of two a day of those cases. Then there is a small number of cases which they bring up from time to time merely to tell the Commissioners what is happening.

By the Chairman:

Q. You spoke of the duties of the Pension Commissioners, and you gave us certain duties which they perform. What other duties, if any, do they perform?—A. I only spoke of organization within the Commission. They also have a great deal to do with co-ordinating the work of the Board of Pension Commissioners with the other branches of the Militia Department and the Soldiers Civil Re-establishment. I suppose that at least half the time of the Commission has been taken up with meetings either with the head of the branches in connection with outside organizations or with representatives of outside organizations in order to figure out procedure and policy and that sort of thing. Yesterday the whole afternoon was spent in that way by Col. Labatt, I was there simply as an adviser. Since the other two Commissioners have been overseas I have been a member of a sort of advising body composed of the secretary and myself, we spent the whole of yesterday afternoon with representatives of the Invalided Soldiers Commission, the Post-discharge Pay Branch, and the Adjutant-General Branch, with regard to discharged men either to us for pension or to the Invalided Soldiers Commission for treatment previous to pensions. We got a lot of work done. Now we have got to figure out the whole procedure. If somebody were not there to figure out that procedure we would never get anywhere.

Q. To frame a policy?—A. Yes.

Q. The Board of Pension Commissioners, I judge from your remarks, are called upon to constantly deal with and settle questions of policy in relation to your board and in relation to other departments of Government.—(No answer.)

By Mr. Mills:

Q. What procedure would a man have to follow in order to have his side of the case presented to the Board of Pension Commissioners?—A. He would simply write a

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letter to the Board of Pension Commissioners and explain his case as thoroughly as possible. Most of the explanations we get in are more in the form of complaints than explanations, and when they are explanations they are very seldom of any value from a point of view of estimating the disability. The result is we have to send to the man a form which he will get his private practitioner to fill in. We tell him if, as a result of his having got this form filled in the estimate of the disability is changed, we will pay for his examination up to \$5. If his complaint is not justified he will have to pay for the medical examination himself.

MR. MILLS: It is the intention of our Association to appeal all these cases and the others we have here to the Board of Pension Commissioners. What would be the procedure in that case. We intend to obtain counsel—in fact we have obtained counsel.

Q. Yes, we want to.—A. You simply write to the Board of Pension Commissioners saying you wish to appeal a certain number of cases, giving the names of the cases and asking the Commission to fix a date when they will hear you. That is all that would be necessary. We will thereupon draw the files and hear you upon every case. There is absolutely no red tape.

By Mr. Power:

Q. There are no delays in this appeal?—A. Not any at all. At the present time there might be because two of the Commissioners are away.

Q. You do not fix any time during which an appeal shall be taken before the board?—A. No.

Q. If a pension were granted a year ago the man could still appeal?—A. He could still appeal, but I do not think that is exactly right. I think he should appeal within a year of the time he discovered his disability.

Q. Or from the time of his last medical board?—A. He may get worse in six months. We could not refuse to hear him if he wanted to make a complaint within a year afterwards.

By Mr. Ross:

Q. Is there not some definite limitation of two years after discovery?—A. It says no application shall be made for pension after two years from the appearance of the disability, but we had to amend that rule because there are in the overseas service men who have been suffering from disability as much as three years. We amended the regulations to provide that time spent on service or in hospital would not be considered in such a case.

Col. BELTON recalled.

By the Chairman:

Q. Can you run hurriedly over the other cases, and make headway with them? We have a lot of work to do; what are the other cases that Col. Belton wants to explain to us?

MR. MILLS: Private W. Harper, No. 410209. This man suffers from valvular disease of the heart; he gets a pension of \$7.50 a month, and our complaint was that there is discrimination in this case on account of Colonel Labatt, who is also suffering from valvular disease of the heart getting a full disability pension of \$2,160, and is also getting a salary of \$5,000 from the Board of Pensions.

WITNESS: In this particular case this man's disability is dyspnoea on continuous marked exertion, that is he becomes breathless.

Q. What do you say about the percentage of disability?—A. He is given a 15 per cent pension.

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Q. What was the report of the local medical board in this case? Was that when the boards were recommending the percentage of the soldier's disability?—A. The first medical board says his disability is one-fourth for the first six months.

Q. And you give him 15 per cent? A. That is the first one. The first board was made overseas and he was placed on a Class 5 pension, old scale, for the first six months; that later was converted to the new scale. The man is overseas and when the renewal was made he was given a pension overseas and later this was approved here. A later description is given and the estimate was made at 20 per cent.

By Mr. Nesbitt:

Q. Twenty per cent on the new scale?—A. Yes. Then the overseas medical board, on October 5, 1917, recommended a gratuity of \$75, disability of 15 per cent, and this was readjusted under the last revised scale to class 15 because of this new classification.

Mr. MILLS: This is what our medical man says:

"This man is suffering from: condition of heart apex fifth force within nipple line right border—centre of sternum—apical sound—mitral cystoric murmur harsh in quality—basal—two sounds not altered. Patient is suffering from mitral regurgitation—without much dilatation or hypertrophy and in fair state of compensation.

A. He states that there is compensation, that means that the man's heart is compensating, that is that the valvular defect is not affecting him in any way; the leak is compensated by greater power and thousands of men are going about their ordinary business in that same condition.

Mr. MILLS: Yet this same doctor attended this man for three weeks during the time he was in St. Luke's Hospital and advised him when leaving not to tackle anything that would be heavy work; the man was admitted to the hospital on account of taking spells of weakness when in the Union Bank elevator?—A. Of course he would not take hard work under those conditions.

Mr. NICKLE: Running an elevator is not hard work.

Mr. MILLS: He was not running it, he was in the elevator. The next case is that of Pte. Robert Finter 40109, 144142. Valvular disease of the heart is the trouble.

Mr. NESBITT: What does he get?

Mr. MILLS: He states he gets no pension and the Board of Pensions state that he gets \$5 per month.—A. The man was examined for discharge in 1915; he was awarded a gratuity of \$25, and on readjustment was placed in class 19, that is 10 per cent, \$5 per month. The gratuity was absorbed in November, 1917; apparently efforts to locate this man for re-examination have not been successful to date.

Mr. MILLS: I would like to ask what efforts have been made to locate this man; the pension was granted in June?—A. The matter of locating the man is turned over to the head of the local branch; there are branches for this purpose in all the districts, in large centres, and it is up to them. They get the old address of the men, they have to locate him for re-examination and so far they have not been able to find him.

Mr. MILLS: As a matter of fact there are \$30 coming to this man from the Pension Board and they made no effort to locate him at all, because the gratuity should have been taken up in pensions in November, and since November the man has been drawing pension and not getting it, and there has been no efforts made to locate him.

By the Chairman:

Q. Whereabouts does he live?

Mr. MILLS: In Ottawa, and has always been in Ottawa, and they can find that out in five minutes by drawing the file from headquarters.

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A. The gratuity has been converted into a pension and review in this case was desired in November last. Mr. Chairman, you will understand that in the case of gratuity the office is no longer in touch with the men, it has not got to pay him a monthly pension. In order to get into touch with these men the Commissioners have advertised in the War Veterans' publication, and in the newspapers, asking these men to give their addresses.

Mr. NICKLE: Are there not hundreds of cheques in drawers there waiting for the men who have vanished, and they do not know where to find them?

Mr. ARCHIBALD: Yes, we have a lot of cheques there for men we cannot find.

Mr. MILLS: The next case is that of Joseph Rigby, 7788.—A. "English Board, October 20, 1915. Loss of memory for past events. Morning headaches over eyes and right temple region. Writes well, remembers figures and letters, improving. History of shock at Ypres. Estimate 50 per cent for three months. The second Board February 15, 1916—Traumatic hysteria. Improving." That is to say hysterical manifestation is due to injury. "Board July 12, 1916—Occasional attacks of hysteria." Easily excited and nervous on excitement. Attacks of loss of memory which prevent work. Is working and doing fairly well. Forty per cent estimate. Pension at 40 per cent for six months is awarded October 26, 1916. Re-examination January 4, 1917—attacks of unconsciousness every three or four weeks. Does not bite tongue or lose control of rectum and bladder. Attacks followed by loss of memory. Estimate 20 per cent. January 24, 1917, Pension 20 per cent for one year. Board of re-attestation June 7, 1917—no sign of organic disease. Three fits during past month. Loses consciousness for an hour or more. Recovers with severe headache. Reflexes exaggerated. No incontinence of bowel or bladder during attacks. General condition good. Board October 4, 1917—General condition good. No evidence of true epilepsy. Reflexes exaggerated. Suffers from attacks of apparent unconsciousness with clonic movement and stiffening of whole body, about once monthly and these are not severe. Diagnosis hysterical attacks. Estimate 20 per cent for six months. December 20, 1917. Pension awarded at 20 per cent for six months. Reasons for estimate of pension:—(1) Pension given agrees with estimates various medical boards. (2) We agreed with boards because it is the consensus of opinion that a high estimate for functional disabilities is not fair to the country.

By Mr. Nesbitt:

Q. What do you expect that class of man to do?—A. Colonel Russell will advise you about that. We increase the man's disability if we give him too much pension.

By Mr. Nickle:

Q. In the meantime what are you going to do with cases such as that?—A. Practically he should be taken into a place for treatment, and Colonel Russell has been trying to establish such homes in this country; that is what should be done.

Witness retired.

Major GEORGE USSHER STIFF called.

By the Chairman:

Q. You are in charge of—?—A. The Separation Allowance and Assigned Pay.

Q. In the Department of Militia?—A. And under the Paymaster General, yes.

Q. Will you just tell us what work is included in your branch?—A. The disbursement of the separation allowance provided by the Government under Order in Council 2375 as amended by Order in Council 3257, which settles the scale of rates

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and also the disbursement to the assignees of assigned pay; that is the pay assigned by the soldier which he desires to have deducted from his pay or remitted to his assignee in Canada. The branch here in Ottawa at the present time only pays the separation allowance and the assigned pay to beneficiaries or assignees resident in Canada of soldiers who are overseas.

Q. What is done in the case of those who are not resident in Canada?—A. If they are resident in Great Britain, Ireland, or the East, it is paid by the Chief Paymaster in England.

Q. Supposing they are resident in the United States?—A. We pay for residents in the United States or the West Indies, and we have some in Honolulu.

By Mr. Nesbitt:

Q. Supposing the man is not overseas?—A. If the man has not gone overseas it is paid by the District; the District would really be the regimental paymaster, under the District Paymaster.

Q. You only pay the assigned pay to those who have lost their sole support?—A. Oh, no, we pay the assigned pay to anybody or for any reason.

Q. I mean the separation allowance?—A. We pay separation allowance to the wife, to the guardians for children—if you will excuse me referring to the regulations. I may say that I am only in charge of the work for a few months, and as I have good assistance I confine myself to organization. We pay to dependents, and “dependents” within the meaning of the regulations include (a) wife, (b) motherless children, (c) widowed mother, if the officer or soldier is her sole support and is unmarried within the meaning of these regulations. (d) The mother, deserted by her husband, if the officer or soldier is her sole support and is unmarried, within the meaning of these regulations. (e) Mother whose husband is alive but totally incapacitated from earning a living, if the officer or soldier is her sole support and is unmarried within the meaning of these regulations. (f) Woman with whom an unmarried officer or soldier was living in domestic relations and publicly represented as his wife for a reasonable period immediately prior to enlistment. In the case of sole support, those are matters, after all the evidence has been collected, which has to be taken by means of statutory declarations, and the reports are dealt with by the Separation Allowance Board. Major Margeson, whom you will probably have before you, will be able to explain that part better than I can.

Q. Perhaps you can give us the names of those who constitute the Separation Allowance Board?—A. The Separation Allowance Board was constituted under Order in Council 2501; the original Order was 447, amended by 2501, about a year ago. It consisted originally of Major Margeson, President, Major T. W. Beatty, M.C., and Mr. Philip H. Morris of the Canadian Patriotic Fund. The board has since been enlarged owing to the volume of work, and it now consists of six members, or will consist of six members when the appointments are made.

Q. Are there just the three you have mentioned on the board at the present time?—A. The three I have mentioned; these other three are working with them.

Q. Does that board deal with all the cases; do they determine all the cases whether it is sole support or not?—A. All sole support cases, and any cases that I choose to refer to them, where I am not clear in my own mind. In fact, they are an advisory board. I may impose on them, but I get their advice on a good many things that perhaps I should take a chance on myself. As a matter of practice, wife cases, that is cases where there is no question as to the legality of the marriage of the wife with the man, that consent has been given to his marrying, those cases do not require to go before a board to be paid; the District Paymaster can pass cases of that sort.

Q. Then on all the cases that arise on the question of sole support, Major Margeson will be the officer who has the fullest information?—A. Yes.

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By Mr. Ross:

Q. Are there any cases at all in which you know that sisters have been admitted as dependents?—A. Yes, sisters have been.

Q. How does that work out, you did not mention sisters in the regulations?—A. That is so, I did not. Major Margeson perhaps could explain it, and he can tell you the principle on which they worked in coming to a decision.

Q. Is there any one else besides those you have mentioned, who receive separation allowance?—A. I have heard of claims being made by fathers.

Q. I do not see how they can work that out.—A. Well, incapacitated fathers.

Q. The regulation provides for that? —

Mr. NESBITT: No, it does not.

A. The Separation Board, I believe have had cases, I do not know that there have been cases in my time, but I believe they have had cases of fathers who have clearly been dependent on the soldier.

Q. You could not tell me the facts that led you to that conclusion?—A. Major Margeson can; I have had enough to do with the organization without interfering with things that I have better help to attend to.

By the Chairman:

Q. You might let us have copies of these general orders covering the separation allowance, so that all the members might have copies.—A. I shall be glad to do so if we have enough, we are running short.

Q. Have you copies of the Orders in Council?—A. Yes, I can give you type-written copies.

By Mr. Nesbitt:

Q. There is nothing here to allow you to pay anything in the way of superannuation where the soldier was the partial support of his mother?—A. No, the sole support. That is a great question that has been raised as to whether they should be the sole or the main support.

By the Chairman:

Q. If you have any information that will throw any light on the situation, we shall be glad to receive it; we are very anxious to have any light you can give us on the subject.—A. As a general proposition there are some cases that have come under my notice; the conditions of dependents vary so much that where six hundred dollars a year in come might be amply large to take care of one dependent, that \$600 would be comparative penury for another. That has always struck me although I have not given the matter a great deal of thought, that is the question of the previous condition of the dependent.

By Mr. Green:

Q. You cannot take that into consideration.—A. You cannot do it perhaps, but you were asking my opinion, and I am giving it; if it is interpreted liberally there is that point that \$600 would be penury to one while to others to get that amount would be an increase.

By Mr. Nesbitt:

Q. That is quite true, but they are all giving the same service. What I want to get at is supposing a woman has two or three children and they are all contributing to the support of the house; the mother, we will say, is keeping house for the family and the children are all working and all contributing so much a week; now one or two of them are sent to the front, and the contribution they were making is taken off,

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and the one that is left is not earning enough to keep the house on. That breaks up the house in some form or other because you are not paying anything in cases of that kind.—A. In a case of that sort, is not that family assisted by the Patriotic Fund? I think you will find it is.

Q. As far as the Patriotic Fund is concerned, the type of people that I mean would not apply to that fund.

Mr. POWER: Take the case of an officer's dependent.

By Mr. Nesbitt:

Q. The Patriotic Fund is, after all, looked upon to a great extent as a charity, there is no getting over it, but the separation allowance and assigned pay are not.—A. Well, I must confess that any ideas I might have on the subject would really be of no value to you; I have not studied the sociological side of it. Major Margeson will be able to give you the result of a year's study of that question.

By Mr. Nickle:

Q. With regard to the sociological side of it, do you not think now that the men are drafted, the conditions are going to be very much worse than they were formerly?

—A. I think there is a class of man who will be drafted who is suffering in his heart in staying at home because he had a charge at home, and he will very likely have to leave that charge, and that charge will suffer.

Q. Have you elaborated or considered any suggestions to meet that condition?—A. No, I have not.

Major MARGESON examined

By Mr. Power:

Q. With regard to the regulations, Major Margeson, I understand that the claim for separation allowance must be made within two or three months, and that a certain delay in the application debarred the dependent of a man overseas?—A. In the case of widowed mothers, not in the case of guardians or wives.

Q. I will give you a specific case; a mother who has two sons who enlisted in 1915 and both were sent overseas, she has been earning her living as a cook on a barge. Some time last year she heard of the separation allowance for widowed mothers and she made application for the allowance. About one month ago she received the separation allowance dating from the 1st January to the 1st April, but she also was told that she would receive no back separation allowance, only from the time she applied.—A. That is under that Order in Council P.C. 2375, that you have there.

Q. Surely if it is fair not to collect the overpayment made to people on account of separation allowance, and I understand it was the policy of the department not to do so—?—A. I have not heard that is the policy.

Q. At any rate certain sums are being written off.—A. The uncollectable part.

Q. If it is the policy to write those off, surely it should be the policy to pay back payments.—A. I might say, so far as the writing off is concerned that there is an Order in Council being framed to-day by which the Separation Allowance Board are to decide as to the cases which shall be written off, we have that additional work.

Q. Why should not this woman receive the back separation allowance?—A. In the old days when the woman applied for the separation allowance, before the Board was organized, she would write in, perhaps six to ten months after the soldier went overseas, and the policy then was to write to the Canadian Patriotic Fund and ask them what arrears they thought should be paid; that was the old policy. There are no two Patriotic Fund Committees that run it on the same principle, particularly in the country districts. In one case they would say that pay was out of the question,

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and others would say pay two or three months altogether. We found that did not work, and after the Board was organized having found that it was unfair, and there was no uniformity, on the first day of September last P.C. 2375 came into force. We have had very few cases of arrears since that date.

Q. That is as much part of the country's debt to the soldier, as his pay, just as much, and he would receive his back pay under similar circumstances.—A. I do not know your particular case; it may be that the assigned pay was not in force at the time your soldier enlisted. If you will give me the name and the number, I will draw the file and have it with me the next time I come here.

Witness retired.

Committee adjourned until Thursday, 10.30 a.m.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 117,

THURSDAY, May 2, 1918.

The committee met at 10.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present: Messrs. Cronyn, Green, McCurdy, Nesbitt, Nickle, Pardee, Power, Redman, Ross, Rowell, and Sutherland.—11.

The Minutes of last meeting were adopted as read.

By unanimous leave of the committee, Colonel Belton was permitted to revise a certain statement relating to venereal disease as given in his evidence of Tuesday, April 30.

The committee then proceeded to consider the evidence of Lt.-Col. Colin K. Russel, M.B. and specialist on the treatment of cases resulting from shell shock, which he described as psycho-genetics, giving numerous instances of effective treatment, the committee to further consider Colonel Russel's recommendation in respect to a proposed scheme of self-support for a certain class of returned soldiers. *See evidence.*

The committee, on motion of Mr. Nesbitt, then adjourned until Friday, May 3, at 10.30 o'clock, a.m.

V. CLOUTIER,
Clerk,

F. B. MCCURDY,
Vice-Chairman.

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MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,

COMMITTEE ROOM, 117,

THURSDAY, May 2, 1918.

The committee met at 10.30, a.m., the chairman, Hon. N. W. Rowell, presiding.

Lt.-Col. COLIN K. RUSSELL appeared at the request of the committee.

By the Chairman:

Q. Colonel Russell, what is your position at the present time in the military service?—A. I am a member of the Board of Consultants; I am consultant for the nervous and mental cases.

Q. How long have you occupied that post?—A. Since the 24th December, 1917—since I returned from England.

Q. What were you doing in the army before that?—A. I went with No. 3 Canadian General Hospital, and I was stationed with them in France for six months. I had charge of a ward in that hospital, where all the nervous patients were sent. Then I was recalled to England when the Canadian Military authorities opened the Grenville Canadian special hospital, to take charge of the medical side of that, that is for the nervous cases. I was there until September, 1917, when I went to France on what you may call a course of instruction, to visit all the special shell-shock centres, or several of the special shell-shock centres in the British and French armies.

Q. Where had you been practising your profession before you went over?—A. I was practising in Montréal.

Q. And devoted yourself specially to nervous diseases?—A. Yes; I am neurologist at the Royal Victoria Hospital and lecturer in neurology at McGill University.

Q. Would you tell the committee about shell-shock cases—the causes, duration and treatment?—A. It is a very broad subject. The term shell-shock should not be used. In the British army in France that term "shell-shock" is not allowed to be used except by the commanding officer of one of those special shell-shock hospitals. The orders are that any soldier who is disabled, not able to carry on, but who has no physical wound, or no evident illness, is not to be diagnosed shell-shock, but is to be sent up simply with N.Y.D.N.—Not yet diagnosed; nervous. That is by the battalion medical officer. When those initials are put on his field card, it is the duty of the field ambulance to which he comes to see that he is turned into one of those special shell-shock centres. Immediately on admission, a form, No. 3436, is made out. That states that Private So-and-so, No. so-and-so, was admitted to this hospital through a certain field ambulance; that his present condition is—giving a description of it; perhaps that he is shaking all over, perhaps he is paralyzed in his legs, perhaps he has lost his voice, or cannot see. He states that on such-and-such a date, in such-and-such a trench, he was under exceptional exposure, in that he was heavily shelled—and giving a description of his statement. That form is then immediately sent to the O.C. of his battalion, who looks into the matter and either confirms or refutes his statement. If he confirms the statement, and it is judged exceptional exposure, even if the man has no organic disability, he is diagnosed as shell-shocked. If, on the other hand, his O.C. says that that statement is not true, that there was no exceptional exposure, then that form is sent to the Acting Adjutant General, who communicates with the O.C. of the hospital, finds out about the case, and decides whether it will be taken up as a military matter or not, as a crime—whether that man will be court-martialed. If that man has been, for instance, a

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very long time in the trenches, and there is reason to suppose that he has become exhausted by the effort to sustain his self-control, he is put down as neurasthenia and illness. If he has been under exceptional exposure and he is broken, as it were, he is put down as shell-shocked, and he is entitled to wear the gold stripe for wounds. From these shell-shock centres they send back to duty between 70 and 80 per cent of these cases of shell-shock. Of the total number admitted to those hospitals, between 70 and 80 per cent go back to duty.

By Hon. Mr. McCurdy:

Q. Which army are you referring to?—A. The British army.

Q. Does that include the Australians? Are you speaking of the British army proper?—A. Yes, I think so; I mean that I visited several of those centres, and that was the average return.

By the Chairman:

Q. That would include the Canadians also?—A. Oh, yes. The other 20 to 30 per cent are sent back to the base, to special hospitals there; and of that 20 or 30 per cent, 50 per cent are sent to some duty in France. The other 10 to 15 per cent are sent to England; and my recommendation was that they should be returned straight to Canada as of no further use to the army as soldiers, while they might be of further use in civilian life. That is the general outline. From my experience, to explain shortly to lay people the matter of shell-shock, it is a matter of going back to the primitive instincts. I mean that we all have our instinct of self-preservation and our sexual instinct. I mean that these are primitive; those were with us in our earliest stages, and if they had not been there it would guarantee that the individual who did not possess them would not be represented in this generation. Therefore they are primitive instincts. An instinct is a tendency in a certain direction, and those primitive instincts are born in us. Now, any soldier going out to the front line has his instinct of self-preservation stimulated; he recognizes it is a very unhealthy place for him to be and his instinct is to get out; it is only his discipline, his self-respect, his higher intelligence, that makes him stay where he is and do his duty; but that requires an effort of self-control, and that effort really amounts to a physical effort. A man sitting in the trenches and taking his medicine, even if he is taking no physical exercise, is physically tired at the end of the day. Now, we all have our physical limitations; some men can run ten or fifteen miles, and want to do it the next day; others cannot, or certainly would not enjoy it. We all have our physical limitations; and after a man has been at the front undergoing that strain for a certain length of time, he may become exhausted, his physical limitation is reached, and he can no longer make that intellectual effort at self-control, and gives in. But the great majority, in my experience, of shell-shock cases as we see them in the hospital, are men who have only been over there under a month and a half or two months. They have made insufficient effort. If you see a man in the trenches trying to cover himself with his rubber sheet, to hide himself from the shells, you realize that his thinking apparatus is not working very much. He gets a certain amount of comfort out of it. If he thought about it he would know the rubber sheet could not protect him from the shells. In other words, his intellect is not working. His primitive instincts have control over him. Under those circumstances if something happened and a shell landed somewhere in the neighbourhood and he is buried he may get bruised in the back. His higher critical faculties, in other words the censor is absent, and the suggestion is that he has a very serious injury to his back. His instinct is to get out of it, and to relieve the anxiety of that primitive instinct in the absence of the censor he thinks he is paralyzed. The suggestion comes to his mind, "My back is broken." In the absence of the censor he becomes paralyzed. If

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his thinking apparatus were working he would try and move his toe to see whether he was paralyzed or not, but he does not, and he becomes paralyzed in his legs. He is ordered put on the stretcher and the medical officer says to the stretcher bearer, "Be careful of that man, his back may be broken." Then he takes it that his back is broken in the absence of his censor, and he is paralyzed. That is what we call a functional paralysis. In this particular case there is no organic disease. It is psychogenetic: that is born in the mind. The French school under Prof. Babinski has called this condition pithiatism, from *pithia*, "I suggest", indicating that all these things are the result of suggestion. It may be a suggestion, some word dropped by a comrade or medical officer, or it may be a suggestion from the man's own mind, auto-suggestion and according to the suggestion the symptoms that that man may suffer from may be varied. Any number of suggestions may present themselves to him and will give rise to just as varied symptoms. You see the man paralyzed in both legs, or one leg, or one arm, or both arms. You see a man with loss of vision, you see a man apparently blind, or with loss of hearing, and you see a man shaking all over.

Q. Would the effect of the mental suggestion be that it would produce the condition?—A. Apparently total deafness. I am just speaking of the cases where there is no organic injury. If a shell burst near a man, and breaks his ear drums, of course it is a different condition.

Q. I am speaking of the case you refer to?—A. We were referring to the functional cases where there is no organic lesion. These men of course are disabled, the censor being absent, it is remarkable that these functional conditions always fit in with their inward desire, and meet their inward desires for the reason that it gets them away from that point of danger. When I was in France it was remarkable that I never saw any of these functional disturbances or functional disabilities in cases that had received a serious wound. One accounted for that in this way: that a man who received a wound had got out of the fight, he was no longer exposed to danger. He had received a wound of which he was proud.

Q. His blighty?—A. He had got his blighty and was proud of it and had done his bit and had no further excuse to develop anything further. For some time in England I did not see any cases that were associated with a wound. Later I did, but they developed in England. When the wound had healed, and when they were again fit to go back they had developed a functional disability. Now, to describe some of these cases; for instance two of the most striking ones that I saw at Ramsgate—they were two of many hundreds, but they were striking in the length of time they had lasted—one man was sent to me. He was a British soldier and he had been wounded in the retreat from Mons, and the only wound he received was in the arm, and his arm had been paralyzed for twenty-two months. He had been discharged from the British army and received a pension for a year, and had gone up to have his pension renewed, and the board at Canterbury had recommended further medical treatment, and had referred him to me at Ramsgate; well, in fifteen minutes he was using his arm as well as he ever did, and when I threw a poker at him, he caught it with his bad arm. Another man who had been paralyzed in both legs for sixteen months and carried round on a stretcher, within an hour was walking perfectly well, went out for a walk on the promenade that afternoon, wore his ammunition boots, and the only complaint he had was that his feet were tender. He was walking perfectly well and has walked ever since.

Q. What treatment produced that result? Another shell-shock?—A. As a matter of fact in both those cases I explained to them how their disability had developed and explained that it was mental and there was no organic reason why they should not walk and then I showed them that they could move the affected limb. Once they were shown that they could move the limb, that I was right, and that there was no reason why they

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could not move it and it was proved to them that they could; then they simply had to move it and they did. These are two cases of many hundreds. We had many who had been paralyzed in limbs for four, six, nine, or twelve months.

By Mr. Ross:

Q. And were similarly cured?—A. Yes. I can say that from the time I took on at Grenville on 2nd December, 1916, until September, 1917, I do not think I exaggerate when I say there was not a patient came through that hospital who had a functional paralysis and went out with it, and I do not think there was any patient who took more than an hour or two to cure that paralysis. I do not mean to say we just kept him in two or three days. We kept him in on an average of about two months, because I realized that this functional paralysis was simply a symptom of the mental condition from which he was suffering, and I kept him in two months in order to influence his mental condition, and re-educate that condition, to try and get him more under control.

By Mr. Nickle:

Q. You mean by functional paralysis, an imaginative paralysis?—A. I would not call it imaginative. That is the popular term for it. It is really a misnomer.

Q. Is it a result from a mental condition?—A. I call it psycho-genetic, born of the mind. It is not imagination. That is not the right term at all.

Q. I said imaginative.—A. That gives a very wrong description of it.

By the Chairman:

Q. The man honestly believes he is suffering from a particular disability?—A. That is a very difficult point to elucidate.

By Mr. Nickle:

Q. I use the term "imaginative" in contradistinction to the term "real."—A. Well, it is real.

Q. It is mentally real?—A. Yes.

Q. But it is not real in the sense of the pressure being on the brain?—A. No, it is not organic. There is no organic lesion.

By Mr. Power:

Q. Could you move this man's arm?—A. Yes, I could move the man's arm in most cases. It just depends upon the suggestion. For instance, one man whom I remember very well, a big husky Frenchman, came in with his foot in position of equino varus—the foot turned round. When I examined him I knew there was no organic lesion underlying that. Then, knowing that, I knew he could straighten it if he had the will to do it. I got it in my hand and tried to straighten it. But I could not; he was stronger than I was, that is all. But I went about it by other means and very soon persuaded him to straighten it.

Q. He willed it to be crooked? His will was working against yours?—A. His will was not working; it was his instinct, his lower centre. The censor was absent.

By Mr. Ross:

Q. What did you do with that man?—A. I explained to him in the first place—well, I must not give away all my box of tricks, you know.

By Mr. Power:

Q. Is it a painful process?—A. That depends. Sometimes it is necessary to cause some pain.

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By Mr. Ross:

Q. You cured him, anyway?—A. Yes.

By Mr. Cronyn:

Q. Would it be fair to say that the higher brain centres have ceased to work in those cases, and the lower centres have taken control?—A. I explain it in this way: We must first of all admit the Darwin theory of evolution. It would be a long story, and I will take it for granted for the sake of argument. We have gone through in our evolutions the stages of the lower animals from the one-celled organism up. I mean the history of the fetus is the history of the race. In some of the lower forms of animal life the worm, for instance, only has that primitive instinct. It has no higher centres at all. Its movements are simply the result of the instincts which are located in the basal ganglia. In the course of our evolution from that basal ganglia our higher brain develops, and in that higher brain finally our intellect develops. First of all at one stage in our evolution we have only had instincts. We have been governed by our instincts, and it is only later as our higher brain develops that we have learned by experience to govern those instincts.

By Mr. Cronyn:

Q. Does the experience of other practitioners in the same line coincide with yours?—A. Yes, I am sorry I did not bring some of the French journals which have taken up this matter. In Canada we are unfortunate in having very few men trained in this line of work, but the result of the English experience and the English specialists in this line coincides with my work, I think, and certainly the French experience coincides with it. I can show you the extracts from members of the society in Paris, such as Babinski, Froment, Roussy and many others, who have had similar experience to my own.

Q. Have you had similar results in cases in Canada?—A. Yes. I will quote them in a minute. These functional disabilities always fit in with a man's inward desires. They may not be his expressed desires, but in treating these patients it is necessary to get their confidence to absolutely cure them, and to find out those inward desires, and it was in that way that I think I was able to have the success I did have.

By Mr. Power:

Q. Would you suggest that the more highly educated men would be less apt to receive shell-shock?—A. Well, it is not a matter of book learning.

Q. By education I mean intelligence, also, and culture,—the more highly cultured people?—A. Yes, I would say they were less apt, chiefly because by their higher education they may have learned self-control in that way, but in that way only. I mean there are lots of men who have been labourers and who have had no education as far as book learning is concerned, and no culture, but they have the self-control. Their environment and bringing up has taught them to control themselves.

Q. Has that been your experience?—A. Yes.

By Mr. Redman:

Q. Suppose that you have cured one of these men and he is discharged, would the fact that he has gone through this condition affect him in after life?—A. That is about the end of the story. We will take it up later. As I said, these functional disabilities always fit in and meet their inward desires. To illustrate that, I might quote two cases that I have seen in Canada. It is not necessary to mention where they came from. One man when I saw him about a month ago was in a hospital and he had been ordered by someone else to go to another hospital to which he did not want to go. He said so. His disability had lasted about twelve months or longer. His disability

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ity was that he could not walk without two sticks, and in walking his legs shook very strenuously under him. He had no control over them. He was a most pitiable object in the street, pulling his legs behind him, shaking very badly. When he was ordered to go to the other hospital he got very much worked up and lost his speech. I happened to be in the city and was asked to see him. He was speechless and could not make a sound and was shaking very badly. His disability in his legs had very much increased. I got his confidence to a certain extent, and I tried to show him and prove to him the nature of his trouble so that he would be persuaded that I was right, how his disability of speech had developed, simply because he had been told to do something he did not want to do. His emotion had been aroused and he had lost his speech and in a little while he regained his speech simply by persuasion. I got him walking a little bit, still shaking very much and as I had to leave town that night I simply suggested to him that the disability in his legs was of the same nature as the disability in his speech, and that if he were sincere in his endeavour to get better there was no reason why he should not be better the next day. If he were not sincere he could keep it up as long as he liked, but there was no organic reason why he could not walk as well as I could, I went back to that city in about a week or ten days and the medical officer in charge told me that this man was very much better, was walking without sticks, and wanted leave to go home on ten day's furlough. This medical officer had told him "As soon as you can walk without sticks I will recommend you for leave." I said, "Why don't you make a good bargain with him, and tell him that as soon as he can walk perfectly you will recommend him for leave. If he can walk without sticks he can walk perfectly." The man was paraded and he came in without sticks, but as he stood in front of the desk he was shaking somewhat and his legs were wobbling. He was told that that was very much better but not good enough, no reason why he could not keep his legs quiet and walk perfectly. He was staggering around when he walked. He said the medical officer had promised him that he could have leave if he walked without sticks. I said, "I am sorry I must exert my authority, but you cannot leave until you walk perfectly. You see I was right when I told you you could walk without sticks, and I am just as right when I say you can walk perfectly. The medical officer tells me your train will leave this afternoon, there is no reason why you should miss that train. You can control yourself and walk perfectly." As a matter of fact with a little persuasion in ten or fifteen minutes he walked perfectly; in fact he ran; he got his leave and I happened to be in the city when he came back from his leave and he was walking perfectly then. Then there was another case where a man had been in the home for incurables. He had been disabled for almost a year and completely paralyzed in both legs, unable to move them, and I was not satisfied with the way he was getting on. I saw him first early in February and I tried to get the medical officer in charge to persuade him that he could walk, but this man was very antagonistic, and he made up his mind he would not be better, and he had been there a certain length of time and was familiar with the place, and they could not cure him. I got them to send him to Montreal. He has more complaints to the square inch than any man I ever met before, and most of them are unreasonable, more or less. Absolutely you can not tell him anything; he knew all about it. When I got him to Montreal I found he had rather severe heart trouble. It looked pretty bad on the face of it on the first examination. I was afraid to take any strenuous measures with him, in the way of proving that he could move his legs, and I had to go at him very gently and just simply persuade him, but he was absolutely antagonistic to any form of persuasion. One statement he made to the house doctor who was looking after him at the hospital was that if he required an attendant he would get, I think, some \$350 a year extra pension. Another statement was that if we cured his legs he was such an active man that he would go around so much that his heart would give out, and altogether it was a very difficult case. Finally last week-end when I was there he asked me when he was going back home. I said: "When you can walk; there is no

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reason why you cannot move your legs. I know that, and I would be silly if I sent you back home with your legs still paralyzed." Well, he said: "They promised me I would only be here a month." I said: "I cannot help what anybody promised, but you will stay here until you can move your legs, and what is more, we have opened a special hospital, and I am going to send you there, where you will be under a specialist's observation all the time, and, moreover, we have brought an officer out just to take charge of this hospital, just for your special benefit. You will be under him." He objected very strenuously to being under any other medical officer. He was not going to be made an exhibition of, and so on. That was ridiculous, and I told him so, and I told him to be reasonable if he wanted to get well, and that he would stay there until he was better. He said: "Unless you will give me a definite answer as to when I can go home, I will write the A.D.M.S. of my home district." I said: "Write to whoever you please, but you will stay here until you can walk." The next morning when I went up I saw the medical officer, and asked him how the man was getting on, and he said: "Fine; he is doing better. I got him to move his legs. He said to me, we must have some improvement for Col. Russell when he comes, I do not want to go to the Presbyterian College." Now, it was just a show down, and when I gave him the impression I had the authority to keep him there and that I was determined to keep him there until he could walk, he was able to move his legs, and he decided to do better. His desire urged him along the way I wanted him to go.

By the Chairman:

Q. Between the prospect of being sent home and of being sent to the Presbyterian College he was troubled?—A. Yes, that influenced him. I also told him that such a functional paralysis would warrant no pension. I told him that. Perhaps I drew a long bow at that, but that is what it should be. You have to make their desires go along the right way, otherwise you have no incentive to offer them to get better.

By Mr. Redman:

Q. Is this man perfectly cured now?—A. No, but he will be, he will come right, I have no doubt.

By Hon. Mr. McCurdy:

Q. Can you give another illustration of paralytic cases, where you have been able to effect a cure?—A. Oh, absolutely. For instance, there is another case of one chap whose name I have forgotten for the moment, who was sent to me at Ramsgate, paralyzed in both legs for six months. The story of that boy was this—this was a genuine case—he came of a fighting family, all his brothers were in the war; he was not robust, and he had no stomach for the war, for fighting, he was not a fighting man, but he had to hold up his end in his family, he had to enlist. Well, he paid \$150, he told me, to have his teeth fixed so that he could be taken on. He got over to England; he married without permission of his O.C., so that he did not get his separation moneys at the time—there was some delay about it, and it had to be fixed afterwards. His wife became pregnant. He only had his pay, and naturally he did not want to leave her, especially in that condition. He went out on a long route march, and it was either in the fall or spring of the year, I have forgotten, but with his great-coat, full equipment, and so on, and not being robust he had to fall out. He had naturally to report to his medical officer. The medical officer was a man who was doing "locum," he was not the regular officer, and he made a statement to that man that he had weak feet and ankles and that they would always be a source of trouble to him; he took him off duty and let him lie around the huts. The huts are cold, they are raised off the ground, and the drafts come in under the floor; and lying around the hut, getting no treatment, except perhaps some aspirin, I have no doubt he got pains in his ankles and feet, and

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his feet were sore. Well, just that suggestion of the medical officer—that he had weak feet and ankles—fitted in with his desires, and his feet became worse until they became paralyzed, his ankles became paralyzed, and then his knees became paralyzed, and when he was admitted to the hospital, as I say, it had lasted six months. When I examined him he could not move his legs, could barely move his knees, and he had a loss of sensibility, like a stocking, up to his knees—could not feel a pin-prick. You could push a pin through a fold of the flesh of the leg, but he could not feel it and it would not bleed. He was carried from the ward down five or six or seven steps to my examining-room, and within about half an hour or three-quarters of an hour he walked back upstairs into the ward. As soon as he got control of his legs he could feel an ordinary pin-prick, and it bled naturally.

By the Chairman:

Q. It is marvellous.—A. It is comparable to the blushing and turning pale from emotions. It is the control of the blood vessels by the nerves under the control of the emotions. It is nothing marvelous; it is natural.

Q. Marvelous to the uninitiated?—A. Yes; but that man had just got the suggestion that fitted in with his desires—got the suggestion through the remark of that medical officer. Now, that man carried on. He was not a robust sort that would make a first-class soldier; so we attached him to the hospital, and he carried on very, very efficiently in the quartermaster's department or the registrar's department for several months.

By Mr. Ross:

Q. Was there any relapse of that trouble at all?—A. Absolutely none. Speaking of relapses, these are not apt to occur when the patient is taught something of the action of his mind. Most of us understand our stomachs; we know what indigestion is, and we know the cause, and we do not worry about it; but we do not realize that we can get mental indigestion, and when we get it, we do not recognize it, we do not know what it is, and we do not know what to do. Talking about that, there were two men who came in to the Granville Hospital. In the case of one man the medical officer in charge of the ward sent down a note to one that he could not come down to the examining-room as he was too ill, and he recommended that he should be sent to Buxton because he thought he would be hurt by the air-raids. We were having a good many air-raids, and they were getting more dangerous about that time. I went up to the ward to see this man, and found him lying in bed, legs paralyzed, arms and head and neck shaking and stuttering very badly. As I have intimated, all those patients are very suggestible, that is, the censor is absent, they do not criticise any suggestion that is made to them. So I went to this man and got his story from him. Then persuaded him to relax and stop shaking and stuttering so that he walked and spoke fairly well. Next day he came down to the examining room. He had loss of memory for some four or five days, so I purposely hypnotized him then and got his memory back. Hypnotism is not a mode of treatment; it is rather a form of examination, and is better used as a method of examination, than as a method of cure, because hypnotism is induced hysteria, and you cannot hope to cure hysteria by inducing a similar condition. You simply divert the symptom. Also these men have got into this condition by losing their self-control, and it does not seem reasonable to ask them further to give up their self-control to you in order that they may be hypnotized. It is, however, a very useful method of examination to get at their innermost desires. Now, we were talking about relapses. I think it was about four or five days after this man was admitted—and remember that he had been recommended to go to Buxton because the air raids would hurt him—four or five days after he was admitted we had a very bad raid; nine Gothas came over one morning, and they bombed us pretty thoroughly; they got two direct hits on the hospital and wiped out a number

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of beds, and killed and wounded a certain number. They played some havoc in the town too. I saw that man immediately after the raid, and he had a perfect control of himself; there was absolutely no relapse. He looked a bit pale, and he was tired, but he understood his condition, and he was willing to and did make a mental effort at self-control, and succeeded. Now, I tried a little experiment with that man in a mild way. I always saw these patients every day and without making any direct suggestion, I would purposely imply, at first, "Well, you are not of much use as a soldier; we will recommend you for discharge to Canada;" and he got along famously, so famously in conformity with my suggestion, that he was really so well; that I could appear to hesitate about sending him to Canada, so then I would just throw in an implication, whether or not he would be fit for France. He immediately relapsed; and there were several Medical Officers there to whom I would point out what I was going to do, and just watch that man on the balance.

By the Chairman:

Q. Speaking of that air-raid recalls an incident that Mr. Mills related here the other day in evidence; I would be glad if you would just comment on it, as it touches the point you are mentioning. He said a number of nervous cases were stationed at Miss Richardson's Hospital in the northern part of this province, and a heavy thunderstorm came up, and although they all went out well in the afternoon, at least a dozen patients became incapable of self-control immediately following the thunderstorm.—A. Absolutely. In my opinion, that is absolutely an indication of the competency in this particular line of work of the medical officer who was looking after them. As I say, that is my experience at Ramsgate. I made the statement before, on the occasion when the Bruce Commission went into the C.A.M.C.—they had criticized Ramsgate as a place for treating shell-shock cases—and I made the statement there that I thought there was no contra-indication in the raids as they were then; I mean, the raids at that time were not serious, and that I would much rather treat the patients there than in any quiet place, because in a quiet place they do not know when they are better, but when there are some few raids, or something like that, they know that they are better, like those fellows at Ramsgate who went through the raids without giving way. That is a case I quoted, and other cases that I could quote. Another case with which I was very much struck at the time also, a similar case, was that of a man who had been receiving pension for a long time, who came in to me stuttering—the most pitiable object you could imagine. He had been discharged in England, and had been receiving pension for about a year and a half. When you spoke to him, he snapped his fingers, saying, "You know, you know, you know," and you could not get anything, you could understand out of him. He would shake his head, snap his fingers, and it was enough almost to make you dizzy to talk to him. He was certainly a very pitiable object. He had been going on like that, apparently from his story, and had been receiving pension for a year and a half. Within three days he was perfectly well. That boy went through that raid without turning a hair. Now, I visited Oxford, and there they had some outhouses, a lean-to against the old city wall, and there are a lot of chestnut trees, and the medical officer took great care to explain to the authorities that when the chestnuts began to fall they would have trouble with their shell-shock cases. Sure enough, when the chestnuts started to fall at any hour, every shell-shock case was right out on the ground raising Cain; there was absolutely no occasion for it.

Q. Is it the recurrence of their thought of the battle?—A. No.

Q. What is it that produces the condition described after a thunderstorm?—A. It is this: that they have not been cured; they have not been taught; it has not been explained what their trouble is. Naturally a sudden sound will give them a start; but now they are in that condition where they have been frightened and lost control of themselves. With this sudden start anybody else might simply look up, but those

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fellows, their control not having been re-educated—i.e., their censor not being properly re-established—they let themselves go. That brings me to another point. Just after I went to France on that tour of instruction I had the privilege of sitting for some time on Sir John Colley's special medical board in England. That was a special board to deal with shell-shock cases, neurasthenic cases, and nervous cases. I saw a great many of those cases come in with various disabilities. There were two especially. One had been discharged from a special hospital as fit for some sort of duty at the base. He was on his way to his command depot, and in the train he had his head out of the train window, and the whistle sounded, and he fell back into the compartment shaking all over; and instead of going back to his command depot, he was brought up as a total disability. The other man had been discharged into civilian life. He was in Paddington station; there was an air-raid warning—just a warning—and everybody was going towards the Underground for safety; an engine whistled, and this man, in his own words, fell down in a severe hysterical convulsion. Somebody took him and chucked him into the baggage car, and the train ran out of the station, and the first station that it stopped at was Taplow. He was put out there and sent to the hospital. When seen he had developed a complete paralysis. He was walking on crutches, dragging his two legs behind him. There was no sign of organic disease. In England such a case comes up before the special medical board; he is a discharged soldier; he is a free agent; he comes up to the special medical board, and they recommend him to what they call their first Home of Recovery, up at Golder's Green, a beautiful house which used to be a fashionable girls' school, with beautiful grounds. He is put in there; he is given some sort of occupation if he likes—they have little workshops; they have beautiful grounds, a billiard table; and while he is in there he gets twenty-seven shillings and sixpence a week (they take off seven shillings a week for hospital expenses), he has thirteen shillings for his wife, and I think six or eight shillings for the first child and five or six shillings for every other child. He lives there—he may have been an electrician or he may have been a street sweeper—he lives there like a gentleman of means. If the man does not like the treatment, he does not have to take it; he is an independent agent; his family are looked after; and he is, as it were, on a holiday. Then he comes up before a special medical board for examination, and they probably give him a little increase of pension on account of his nervous instability. As I say, in the first place it was only an idea that caused this disability, and the only thing that will appeal to an idea is reason, and every reason that has been handed up to that man is such as to encourage him to continue to have that idea that he has that disability and will have a return of it every six months. Any man if he is to get his holiday is looked after like a gentleman of means, and probably gets an increase of pension in that way, is certainly not supplied with any reason to get better, and it is only reason that will appeal to his ideas.

By Mr. Nickle:

Q. Will the reason always appeal?—A. If the man has sufficient intellect.

Q. But assuming he has not?—A. If he has not, he has nothing that you can appeal to in a case like that; for instance, mental deficiency. The only way you can cure these things is by force, you cannot appeal to his reason, you have to make him. After my examination I know at once and in my own mind there is no question about it, it is simply a functional condition or an organic condition.

Q. And where the functional condition is so perverse that you are not able to effect a cure, or restore him to normal condition, will you say that no pension should be granted?—A. I would.

Q. How do you suggest his wife and family should be looked after?—A. That does not enter into consideration.

Q. Unfortunately it does under our system.—A. In this way, if he knows you will look after him and his wife and family, you are taking away one great incentive to his recovery; I think you are kinder to that man if you put it right up to him.

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Q. I put to you a hypothetical case, and you are trying to put another hypothetical case to me. I put to you the case where you are unable to restore the normal condition, and asked you if there is any suggestion to make, and I followed that with another question with reference to looking after those who are dependent on him.—A. I have no suggestion; as a matter of fact, I have not yet come across a man of this type whom I have not been able to cure given that he had average intelligence.

Q. Then what about those who had not?—A. Then we come to the question of mental deficiency, and, if you will allow me, we will put those in a separate category, and come to them later.

By Mr. Green:

Q. Owing to the very fact that they are susceptible to these conditions in the first instance, the return of them makes them much less amenable?—A. Put it this way, that all functional conditions are essentially curable.

By Mr. Sutherland:

Q. In the case of a man who was not getting any pension, but was determined by will power to overcome the disability, and had his discharge, and was not able to overcome it, would that indicate organic trouble?—A. I do not just get that question clearly.

Q. In the case of a man who did not receive a pension, or only a very trifling one, who had received his discharge, and who was determined to overcome his nervous instability?—A. You are taking a great deal for granted there. If he has sincerely determined to overcome his disability, he can do it, if it be functional.

Q. That is the question I am asking, if he were unable to do so it would indicate that it was organic, would it not?—A. Can you guarantee that his desire to get better is sincere?

Q. I think so.—A. You must not take that for granted; I can give you two or three instances of that; he may have some organic trouble, I cannot answer that; but granted that his desire to get better is sincere it would suggest an organic cause. When the man is wounded also, that, I think is too hypothetical a question to answer, I would have to see the man to form my own opinion.

Mr. Power:

Q. Have you not seen many cases of wounded and shell-shock; you have a large number of cases reported?—A. I saw these wounded and shell-shock, I stated that while a little over six months in France, I never saw one. Since then, in England, I have seen quite a few, but in most of these shell-shock cases the patients have developed the functional disability as they are getting better from the wounds.

Q. You also said that as a rule these shell-shock cases occurred to the men who have been there about a month?—A. I went over sixty-six cases. I think it was between sixty and seventy in any case. I had not kept a list of these cases and simply got one of the medical officers to go over the files and take out a certain number of cases; some of these cases had been there eighteen months and some twelve months, but the average of the whole was under three months and many of them had been there three or four days or a week.

Q. Would you not think the condition of which we are speaking—a constant fight between the will to stay and the instinct to get away is wearing upon the man's physical nature?—A. Yes.

Q. Do you think that six months of this constant strain would operate to weaken the man's strength?—A. I do not like to give any specific time.

Q. The longer he stays the worse it will be?—A. Yes, I always feel more sympathetic towards and try to be more generous to the man who has been there for any length of time, one always appreciates the fact that he has done his best and has played the game as a rule.

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By Mr. McGibbon:

Q. I understood you to say all shell-shock are functional?—A. No, as I have already explained it is a case of diagnosis; a man who has been twelve or eighteen months in the front line, that in my mind is a legitimate exhaustion; there is also the temporary shell-shock where he has been under extreme or exceptional exposure and loses control of himself temporarily; he has got scared, and well scared, and lost control. We do not blame him for that—that man is temporarily shell-shocked.

Q. The object of this committee as I understand it is to regulate the pensions of soldiers and I would not like to have any false impression given regarding the class of cases you are speaking about.—A. Of course you refer to cases of real concussion, do you not?

Q. Yes?—A. Unquestionably concussion of the brain and nervous system may occur without external wound and it may be so severe as to cause death due to multiple hemorrhages in the brain but that is an organic condition and we are not discussing that. By my examination I can tell whether there are any organic lesions left after the hemorrhages. In the acute stage examination of the cerebro-spinal fluid will give the correct diagnosis. But even if that man has had an organic injury at that time, from concussion, we find in three, four or six months, or even longer, when he comes under observation in England or Canada no evidence of organic disease. He may have had concussion in the first place but it has become healed in the majority of cases.

Q. Concussion does have an affect upon his brain cells that cannot always be determined by examination?—A. I think so.

Q. In my experience I have had a number of cases which were diagnosed as functional that were organic, but the tendency is the other way?—A. Yes, many cases come to me diagnosed as organic nervous diseases, but they are not. I am only speaking of my own experience in diagnosis, and I cannot talk about what other people have done.

By Mr. Redman:

Q. Have you a system in Canada which is likely to affect the permanent cure in such cases?—A. A. That is General Fotheringham's aim. He is organizing special neurological centres, at Halifax, at Montreal, at Toronto, at Winnipeg, and at Vancouver, and we shall have medical officers who are specially trained to take charge of these. They are being organized now, and we hope that will be efficient. More than that I do not propose to say.

By Mr. Power:

Q. Will there be a sufficient number of centres with a sufficient number of qualified practitioners to look after them?—A. Two have been recalled from England, one for Toronto and one for Montreal. I believe another is on his way, in fact there are two on their way, one for Vancouver and one for Winnipeg, but another must be found for Halifax. As I say they are very hard to get, and officers are being trained with this object in view.

By Mr. McGibbon:

Q. Have you any figures to show the number of cases of that kind requiring treatment?—A. No, the only figures I have with regard to that, come from the report made by Captain Farrar, who was with the Military Hospitals Commission. He reported that about 12 per cent of the return casualties, were nervous and mental cases. The point I want to emphasize is that the onset of these conditions, and the recurrence of them always concurs with the man's real desire. A point on which I feel very strongly, and which has been adopted in France, is that these conditions should warrant no pension or gratuity nor a discharge from the Army, that is these hysterical conditions.

Q. You have engaged your staff, and when the centres are organized all these cases will be classified properly, I presume?—A. We are all trying to do the best—that is our aim and object in the service—to have it efficient.

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By Mr. Power:

Q. Why should such cases not be discharged from the army?—A. Because if it is functional there is no reason why he should not be made physically fit, and that condition does not warrant his discharge from the army. If they think it is right to discharge him on account of his mental condition that is one thing, but he will not get his discharge on account of the physical disability; we shall cure him of it.

By Mr. Pardee:

Q. What is the experience in connection with these cases?—A. Well, they turn back about 70 to 80 per cent to duty.

Q. That is the French?—A. No, the British. The French army has decided that these hysterical disabilities do not warrant pension or discharge from the army. If a man has a wound or disability from a wound, and it is associated with a functional disability, the instructions are to neglect the functional disability in recommending a pension. The French, of course, are absolutely up against the necessity for men, and in a French hospital I saw one man who had received a wound in the wrist. The tendons were cut and he could not use his hand properly, and the blood vessels were injured. He was wounded in the winter. He was not discharged, but in the summer went back to duty. If it had been one of our men we would have sent him back to Canada, but they sent him to the trenches. With the onset of winter he must have suffered with the bad circulation in his hand. He was brought back to the hospital and worked around there during the cold months, and in the summer he will go out again. I was speaking to the consultant of the French army in France, and he said to me: "We do not get shell-shock cases, except the temporary ones, the legitimate ones, where a man has temporarily lost control of himself." It is not worth while in the French army to develop shell-shock. If a man comes to them with the idea that he has shell-shock, they explain to him how it develops, and he must go back.

By Mr. Power:

Q. I have seen a good many cases of shell-shock and I have never seen a case where a man has been sent back.—A. I have seen several where they have been sent back.

Q. As a rule if a man is suffering from shell-shock it is absolutely useless to send him back. He will run away on the slightest provocation and is no use. He might run away and be shot for cowardice?—A. They are sending between 70 and 80 per cent of them back.

By Mr. Redman:

Q. In the British army?—A. Yes, and in the Canadian army, and they would not be doing it if it were not successful.

By Hon. Mr. McCurdy:

Q. What is your observation in regard to shell-shock among Germans taken prisoners?—A. We do not see shell-shock among the German prisoners. And why? They have had the same experience our men have and been shelled just as heavily, if not more heavily, but once they are taken prisoners they know they are under no apprehension of being sent to the danger line, and pension considerations do not come in. Men come back here who have lost control of themselves, whose censor is not working, and then the instinct of acquisitiveness comes into play.

By Mr. Redman:

Q. What is that?—A. Acquiring something for nothing. There is no question about it. I have every sympathy with these patients otherwise I could have no success
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with them in treating them. It does not matter to me whether they are given pensions or not, but there is no question that pension gives them a reason for continuing their disability and gives them no reason for exerting self-control which is going to deprive them of their pension. That is only human nature.

By Mr. Green:

Q. It is a deterrent to the cure?—A. Yes.

By Mr. McGibbon:

Q. Is it not a fact that a large part of the 80 per cent who are sent back are simply men who have diagnosed their own cases?—A. No, they are not allowed to diagnose their own cases.

Q. Things have changed since I was there.—A. When were you there?

Q. 1916.—A. Things have changed since then. These hospitals were started since then and the reason of it was that a lot of people were diagnosing their own cases. We have still in Canada a lot who have diagnosed their own cases.

Q. In every battle a large percentage of men will turn and run?—A. Yes.

Q. That is the class of case I had reference to. It would make up a large percentage of the 80 per cent you spoke of?—A. Yes.

By Mr. Nesbitt:

Q. Did you follow their history afterwards?—A. They went back, and I am perfectly certain that the great majority of those men would in future exert their self-control and stay there, otherwise the army would go to blazes.

By Hon. Mr. McCurdy:

Q. Have you any data about the mental condition of other prisoners?—A. I was going to speak about the German prisoners. We do not have shell-shock with the German prisoners, and in the Review of the foreign press for the 1st February there are two or three articles from medical men in Germany, and they make the same recommendations that I am making to you now, and which the French have already made. There was one article also by Bonchoeffler, I think it was, a German specialist with a very good reputation as a scientist, who stated that among 10,000 Serbian prisoners taken in the Serbian retreat—which was a retreat terrible—well, it was worse than the retreat from Moscow for exposure, hardship and terror—there were only, I think it was, five cases of psychosis developed among those 10,000 individuals. That is not really above the average, for civilian life.

By the Chairman:

Q. To what do you attribute that?—A. They were prisoners; they were out of danger; it was all over.

Q. What is the explanation of this? I happened to see a French war picture of the Somme battle and I saw the German prisoners coming in. They looked like a crowd of men returning from a football match, happy, smiling, and so on.—A. They had nothing to worry about. I happen to have here the report from one of these special hospitals, No 3 Canadian Hospital, where Capt. Dillon of the R.A.M.C. and Capt. Lawson of the R.A.M.C. were the specialists at work. This is for August, and reads as follows:—

Shell-shock wound, 75, or 56.9 per cent.

Neurasthenia (they call him sick), 57, or 43.2 per cent.

Disposal of shell-shock wound cases to date, 64 or 83.3 per cent.

To base, 11, or 14.7 per cent.

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Q. Why did you use the expression, shell-shock wounds?—A. Because it is estimated that his exposure has been sufficient to justify his losing control of himself and justify his symptoms.

Q. It is not a case of an actual wound?—A. No, these are functional disabilities.

By Mr. Cronyn.

Q. He would be entitled to the gold stripe?—A. Yes.

By Mr. McGibbon:

Q. It necessarily follows that the army should look after these men until they are cured?—A. Absolutely, cured of disability. Referring to Dr. Dillon's report again, the disposal of the neurasthenic cases, (these are cases possibly where the men have been up in the front line for twelve or eighteen months, possibly longer without break.) —To duty 32 or 56.9 per cent. One does not get as good a result in these cases, naturally it is a slower process.

To base, 25 or 43.1 per cent, a very much larger percentage.

Disposal of both classes of cases combined, 2.

To duty 96, or 72.7 per cent.

To base 36, or 27.3 per cent.

That is the report from one special hospital.

By the Chairman:

Q. Do you think that would be typical of these special hospitals?—A. Yes, they were doing very good work in these hospitals.

By Mr. Redman:

Q. Would you describe that neurasthenic condition?—A. That is a matter of exhaustion, and that man requires a long term of rest. There is no gross lesion of the nervous system. It is simply that the fight between his higher centres, self-control and his instincts has been more prolonged and he is exhausted. That requires simply a longer period of rest, but being functional it is curable.

By the Chairman:

Q. Is it something akin to what we popularly call a nervous breakdown?—A. Yes, nervous exhaustion. The only thing is having a definite cause it is removable. In civil life you have those cases. The cause is very often not removable, constantly present, you cannot remove it, and you get cases in which you cannot get as good a result, but here in the war the cause is removable. Get the man out of it, so that he can get mental rest and he recovers.

Referring again to Capt. Dillon's report. Then there are cases that turned up again after being discharged from that hospital, returned cases formerly treated in this or a similar centre, 44, or 4.6 per cent. Those are cases that have been sent back to duty and have come out again, so that shows it is pretty practical.

By Mr. McGibbon:

Q. Does that mean duty in the front line?—A. Yes.

By the Chairman:

Q. Is there any other point you think you should mention to us before you come to the question of the mentally deficient?—A. I have here a copy of my recommendations which I have headed, "Recommendations re the final disposal of cases of neurasthenia and so-called 'shell-shock' and the influence of the man's expectations in this respect on the treatment and course of the disease."

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Q. We should be very glad to have this. A. I can give you a copy of that.

Q. In the meantime explain them, so that there may be questions asked by the Committee about them. A. I have also an administrative scheme for neurological centres, and also an appendix to that administrative scheme.

Q. Will you kindly put those in also. You were about to give us certain recommendations as to the final disposal of cases of neurasthenia and so-called shell-shock?—A. Yes. Referring now to my recommendations *re* the final disposal of cases, of neurasthenia and so-called shell-shock, I might read the opening paragraphs:—

These functional nervous, or psychogenetic (born in the mind) conditions will be treated primarily in the special military hospitals, and it is to be strongly recommended that no such case shall in future be discharged while still exhibiting any objective functional disturbance.

In the event of such a patient relapsing, I would strongly recommend that he be sent to the special military hospital from which he was discharged, for the reason that the medical officer who has already worked out his case and persuaded him once can more readily repeat this than one who does know the case.

For instance, that chap I was speaking of a moment ago, who had been recommended for leave, when he came back from leave he went to the hospital where I had seen him. Meantime we had started one of those special hospitals, and they sent him from there over to us at this special hospital. I saw the medical officer who had seen him when he was re-admitted and he told me he was not quite right, he was not walking normally. Now, when he came to me he was walking absolutely well. The fact is, he was just putting it over that other man a little bit. I do not mean to say that he was faking.

Q. He was not exercising the same self-control?—A. Not exercising the same self-control that he knew very well I would make him do. I mean to say that it always strikes me that the old soldier feels that is always a legitimate game for an old soldier to play the old soldier, and put it over the medical man if he can; and I think one is absolutely lacking in the sense of humour if one takes exception to that, provided it is not carried to extremes. The old soldier looks upon that as his privilege, and if he can put it over the medical officer, he will do so. It comes to be a very serious thing, sometimes, though. I would like to give you another extract from my recommendations:—

“Also if this idea be not followed special institutions will have to be duplicated and what will be more difficult a duplication of specially trained men will have to be found.”

The difficulties of a medical officer taking up a case whom he has not known in the earlier stages is illustrated by the following case from my own experience which is by no means isolated:

Corporal P.—whom I personally spent much time and energy in curing at the Granville special hospital, Ramsgate, some two years ago, is still well but he now tells the story that he was buried for three days, and this necessitated thirteen months hospital treatment. He certainly had all of thirteen months treatment in the various hospitals he was in but he was not buried three days nor anything like it.

That man had been through three hospitals; he had everything done for him that anybody could think of.

Q. Suffering many things of many physicians?—A. Yes, and his legs were shaking badly when I got him up to walk and the only thing that stayed on the ground, was the end of his stick; he was jumping around like popcorn on a griddle. His jaw was shaking, so that he thought he had to have his pipe or chewing gum in his mouth all the time to stop this. When he was going along he insisted on having his pipe in his

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mouth. That was not good discipline, and we settled that, and we did not hear anything more from that; but I had to use a great deal of persuasive eloquence and energy to get him right. In regard to his case my memorandum proceeds:

"The disability he was sent to the base for a small wound of the hand, and he was judged fit to return to duty in a week or ten days. He then developed a headache."

He went to the medical officer and complained of this, and the medical officer gave him a pill, No. 9, without any further examination, he saw there was not anything very much the matter; but this man, the corporal, was very indignant that he had not received more consideration from the medical officer, he thought the medical officer had been somewhat superficial, and the corporal was sent up the line. When he was met by the officer up there he was complaining of headache, and his jaw was shaking, so he was sent back again. Then not only his jaw shook, but his legs began to shake, and he was sent back to England. There is the history of the case as I got it from him and his medical officer, who turned up later. Now this man says he was buried for three days. I just quote that as an instance of how difficult it is to deal with these cases when seen for the first time a year or so after the outset of the disability. My comments on this case conclude with these words:—

"No serious principle is involved in this case, and one is simply amused, but unfortunately there are a great many such cases, where very definite principles regarding the pension are involved and it is these cases against which the country must be guarded.

I would recommend that such psychogenetic conditions warrant no pension or gratuity. This would allow the medical board to recommend a pension or gratuity if they thought justifiable in any particular case, but the patient would have no legal claim to one."

Illustrative cases may offer better explanations. I have given you the case of the man at Paddington station.

By Mr. Sutherland:

Q. In such a case as that you would not permit the discharge to be granted as unfit for further service, would you?—A. He had been some thirteen months in hospital in England.

Q. But I am speaking of another case; you recommend that no such pensions should be granted in such cases; but in the event of a discharge being given this man from the army as unfit for further service, surely he would be entitled to pension?—A. That man?

Q. Provided he had been discharged from the army.—A. Still shaking?

Hon. Mr. McCurdy: Mr. Sutherland's point, I think, is that the very fact that he was discharged, having been enlisted sound, and discharged unfit for duty, is prima facie evidence for a claim for pension.

WITNESS: No, this man is unfit. I recommended that this man be discharged from the army.

By Hon. Mr. McCurdy:

Q. For what reason?—A. Because he was no good as a soldier, but he is absolutely good for civil life, and he is carrying on in civil life.

By Mr. Sutherland:

Q. I have followed you very carefully; a case occurs to me; you stated a moment ago that a man's desire in the matter had frequently to do with his condition?—A. Yes.

Q. The case I have reference to is one where a very trifling pension was received, and about three weeks ago the man purchased a ticket to come from Montreal on [Col. Colin K. Russell.]

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business, and was very anxious to come, and had been working right along so that his health could be such that he could come, but his health broke down, and he had to stay against his will.—A. I cannot speak of the case to which you refer without having seen him. I mean that that case is evidently not cured.

Q. Quite evident.—A. Quite; and what I say is that in the future we shall attempt not to discharge any patient with a functional disability.

By Mr. Nesbitt:

Q. Your recommendation, in short, is that they be treated at those special hospitals until they are cured before they are discharged?—A. Yes, and that if we send them out saying we think that man cured, he should be able to carry on. If he relapses—the man in whom Mr. Sutherland is interested may have some organic disease, but if he has, there is no reason why we should not influence his mind so that he can carry on, if this is simply an idea. We should be able to give him sufficient reasons to change his mind, to change his ideas, and make him carry on.

By Mr. Sutherland:

Q. The findings of five medical boards, which I asked for yesterday, and which are here on the file, indicate that he has no organic trouble?—A. Then nobody has got at his ideas, evidently.

By the Chairman:

Q. Then he should come back for further treatment.—A. I would recommend that in a case like that he should be sent to one of those special hospitals and see if we cannot get at the ideas that are underlying the whole thing, and cure him.

By Mr. Green:

Q. I take it that your recommendations as against pension is coupled with the fact that you want to remove the incentive to keep on the same constant trouble?—A. Yes, absolutely; that is really part of the treatment.

By Mr. McGibbon:

Q. But if you fail to cure him, it necessarily follows that when he is discharged he should get a pension?

MR. GREEN: No, I would not take that from the Doctor's remarks; I think the deduction would be that if they finally convince themselves that it is not functional, but the contrary, they have the right to recommend a pension, but not to tell them now, "We cannot cure you, you have a pension."

WITNESS: Then you have thrown away your whole cards; you have thrown away the four aces.

By Mr. McGibbon:

Q. It is up to the Army to make a cure.—A. It is up to the Army to do our best. We are not guaranteeing anything; but here is a matter of fact, if that man has got an idea in his head there is no reason why you cannot change his mind, if you can appeal to the idea, if you can get the idea and appeal to his confidence and get it out of him.

Q. Do you never fail in functional diseases? Because if you had to assume it being the case of that idea of getting into his head, if you cannot get it out, it is up to you to recompense him!—A. At that rate I would say we do not fail; there is no reason why we should fail, granting the man is sincere in his wish to get well.

THE CHAIRMAN: The Colonel's recommendation here is that there should be no legal right for pension, but that the Pension Board should have power to grant pensions in certain cases.

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WITNESS: Take the case of a man who has come under my observation in Montreal; that man is absolutely an impossible man, he will not get better, he cannot work or talk with you without being impudent. With regard to the mentally deficient, of course one cannot expect to call on their higher censor to make the intellectual effort at control, because they have not got the intellect. Unfortunately under the volunteer system, and under the stress and enthusiasm of the earlier days of the war, we got in a great many men, to make up the battalion, without any consideration as to their mental condition at all. Many of these men came back diagnosed as shell-shock because they could not make the intellectual effort to control their instinct. They are no more mentally deficient now than they were then. Now, I feel very strongly that it is unjust to burden the country with a pension with regard to these cases; it was not acquired in war, it was not acquired on service, but I feel very strongly from the view point of national economy, that these men would be better if they were kept on as soldiers. If they were taken and put into institutional colonies or farms, or whatever you call them, and made self-supporting. There is no question in my mind about that, as I have seen since I have been back in Canada men who have been discharged from hospital with no physical debility, but simply deficient, men who have said they will not work and who have made up their minds that the country is going to look after them. Or if they happened to try to work, they stayed only three or four days, but would not keep at it, or some friend comes along and offers them a drink, and with that one drink they go bad and in any case they are shipped back to the hospital. Now, with a man of that kind, nothing we can do can remedy his defect, and the future of that man is that he will wander away from that particular place, from Quebec to Ontario, or from Ontario to Quebec, or anywhere else, and he will simply join the tramp, the ne'er-do-well or the criminal class, that always follows a war, and we in this country will pay millions of dollars from the viewpoint of criminal proceedings, and in various other ways. On the other hand if we take these men, and put them under supervision, we can make them self-supporting. If we can do that, we can save the country millions of dollars. It will require some legislation to do so, but if they can be kept as soldiers and sent to these institutions, it would be a national economy. There is another point I want to bring up, and that is with regard to the man who before the war was what we call psychopathic. For instance, one case was referred to me by the Central Board the other day; I saw him, I believe, in Ramsgate, and I have a recollection of him, at any rate he had some marked functional disability. He gave a history of two or three nervous breakdowns before he ever enlisted, that all his brothers and sisters were hysterical, insane, or something else, that man was born that way; the Army aggravated it to some extent, and is responsible for that aggravation. I feel that what the country owes that man is to bring him back to the condition in which he was previous to enlistment. The country should not go on keeping him all his life. In that case I think I was responsible for recommending that that man should be discharged from the Army with a disability of 100 per cent and a pensionable disability of 60 per cent for three months, that is for the aggravation, and I recommended that 60 per cent pension should be given him for three months and no longer.

By Mr. Nesbitt:

Q. Then you would review and re-examine?—A. Yes, but that pension should stop and he has to have some incentive to get better, otherwise he will be hunting medical men for the rest of his life.

By the Chairman:

Q. I suppose, it is in some respects the same with regard to soldiers as lawyers find in their practice that their men are suffering from injury affecting their nervous system, that as the man always materially improves after his case is finally disposed

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of?—A. Yes, after his case is finally or definitely disposed of, and that is why there should be some definite pronouncement that that is the law; for instance with regard to this man to whom I have referred, I made a definite announcement, I took it upon myself to make it, that for functional disability he will get absolutely no pension and also that the allowance of \$350 for attendance would also go by the board.

By the Chairman:

Q. Are these recommendations you have made as to the method of treatment your own personal recommendations, or have they been concurred in by the Consulting Board?—A. They are my own recommendations, which have been concurred in by the Consulting Board, and General Fotheringham.

Q. Who comprised the Consulting Board?—A. Colonel J. C. Cameron, Surgeon, Toronto; Colonel J. D. Courtenay, Eye, Ear, Nose and Throat, Ottawa; Lieutenant-Colonel McGillivray, Physician, Toronto; Lieutenant-Colonel Starr, Orthopaedic Surgeon, Toronto; Lieutenant-Colonel Robert Wilson, Physical Therapy, Montreal and myself.

By Mr. Sutherland:

Q. Your recommendation that these mental defectives should be put in institutions in order to save the country unnecessary expense in the future applies only to men in the Army, does it?—A. I would like to see it apply to every man, woman and child in that condition in the country.

Q. You can scarcely do it with the men who have been discharged?—A. That is a question that I leave to somebody with more experience, and who is in a better position to form a plan.

Q. I inferred from your remarks that you were referring to men who had been discharged?—A. No, I think the more feasible way would be to keep them in the Army.

By Hon. Mr. McCurdy:

Q. For what reason?—A. On account of being able to control them, otherwise you could not order them. Of course at present we certify insane persons, two medical officers can certify to the insanity of a person, and these men are just as much a menace to the community as those insane persons, perhaps legislation might enable us to certify them. There is another question that I would like to bring to the attention of the Committee, and that is with respect to the genuine epileptic. It does not matter whether his condition was caused by the war or aggravated thereby if he is having fits every three weeks or a month, he cannot hold his position; if he gets a position here today as a clerk, and if he were to throw a fit in the middle of this meeting, he would lose his job, no employer would keep a man like that, and the consequence is that the worry about making a living and not being able perhaps to get sufficient food causes them to get worse and worse, whereas if they were put in an institution where they would be free from that anxiety, and from the disturbing conditions, the experience is that a larger percentage are cured than is otherwise possible

Witness retired.

Committee adjourned until 10.30 a.m. Friday.

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APPENDIX TO EVIDENCE OF COL. COLIN K. RUSSELL.

BOARD OF MEDICAL CONSULTANTS,

OTTAWA, ONT., March 1, 1918.

REPORT BY LIEUT.-COLONEL C. K. RUSSELL.

Neurological.

An administrative scheme for the care and treatment of Officers and men suffering from organic diseases or lesions of the nervous system, "Shell Shock" and other functional disorders.

The success of the scheme herewith submitted for consideration depends upon the recognition and adoption of certain principles in the treatment of soldiers who are suffering from functional nervous disorders.

These principles differ from those which have governed hitherto the treatment of these patients and may be summarized briefly as follows:—

(1) The direct transference of all patients of this type coming from overseas, into special neurological hospitals in Canada.

(2) The immediate segregation of these patients of this type already returned to Canada, for the purpose of treatment, into these special hospitals under the care of specially trained medical officers. Before such medical officers are appointed their special qualifications should be carefully considered by the Board of Consultants.

(3) The retention of these patients in these hospitals until (a) They are fit for some form of military duty; (b) They are fit to pass under their own control; (c) They are discharged as unfit for further treatment in the hospitals.

(4) At the termination of treatment, these patients shall appear before a standing medical board composed of medical officers of the special neurological institution and its decision shall be final in regard to: (a) Return to duty and reclassification; (b) Discharge from service.

The reclassification of a soldier returned to duty from a Neurological Hospital shall not be altered except on the recommendation of the Standing Medical Board of that hospital or of one of the other neurological hospitals

Existing System.

The shortcomings of the existing system, which are not of trivial importances, are attributed largely to the following causes:—

(1) The majority of these patients after returning to Canada have had no special treatment or have it too late or under unfavourable conditions.

(2) Many of these patients have been allowed to go to their homes or have been transferred from one hospital to another, or to auxiliary institutions, quite unsuitable for their treatment.

(3) The medical officer in charge has often been without the special knowledge and training requisite for the treatment of his patients or without the power to carry it out.

It must be remembered that these disorders are in the main curable in their earlier stages, but when neglected become more and more likely to remain permanent.

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Should the scheme be adopted one might justifiably expect:—

(a) An increase in the useful and productive civilian man power of the country.

(b) A decided decrease in the financial burden on the country in respect of pensions.

The following scheme is therefore, herewith submitted:—

Special military neurological centres for the treatment of functional disorders and organic diseases and lesions of the nervous system should be established in close relation to the Military General Hospitals at Halifax, Montreal, Toronto, Winnipeg, and in British Columbia.

These centres should wherever possible be closely associated with the orthopaedic centres in these districts, as this will entail a saving in staff and appliances for mechanical treatment which is similar in both types of cases and also in the upkeep of workshops.

Besides, a neurological consultant is often necessary in orthopaedic cases and vice versa. It would thus save in consultant staff.

Medical Staff.

The medical staff should consist of one officer who shall be in charge of the department under the O.C. of the hospital. He shall have special knowledge of, and interest in, the subject. There shall be also junior medical officers in the proportion of one officer to 50 patients.

These officers should have had experiences overseas, preferably in special centres and should have had special training in both psychology and neurology.

It is desirable that the nursing staff should be carefully chosen and that, some permanency of employment should be assured.

Neurological.

Certain of these hospitals shall serve as training centres for junior medical officers.

The same principles should apply both to officers and men. This can best be done by attaching to each special hospital an officers' section which will be under the senior medical officers in charge of the neurological centre.

It is strongly recommended that in future no soldier suffering with a gross objective functional disability should be discharged to pension, but all such cases which continue obstinately resistant to treatment, should be sent to the special centre in Montreal before being finally disposed of.—In the case of the recurrence of a functional disability in a patient after discharge he should be sent back to the special hospital from which he was discharged.

The place for the treatment of lesions of the peripheral nerves, whether in the orthopaedic or neurological centres, will probably be influenced by local conditions. In England the following was found to be a good working arrangement:—

Lesions of the peripheral nerves were considered neurological until operation was advised when they became surgical. When the wound was healed they again became neurological. Consultation with the orthopaedic surgeon was always sought when necessary regarding the posture and application of splints and mechanical clinics.

It is only by such team work that the best results can be obtained.

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Appendix to General Recommendations.

APPENDIX TO ADMINISTRATIVE SCHEME FOR NEUROLOGICAL CENTRES.

All cases of suspected mental deficiency, or feeble-mindedness, and all suspected cases of epilepsy, should be sent to the nearest Neurological Centre for observation and completion of diagnosis;

If the diagnosis is confirmed, all such cases will be discharged from the Service and transferred with a Specialist's Report to the Invalided Soldiers Commission.

All cases of feeble-mindedness must be graded according to the Binot-Simon Scale and their approximate mental age stated.

Copies of "A Method of Measuring the Development of the Intelligence of Young Children." Binot & Simon, translated by C. H. Town, Ph. D., Director of the Department of Clinical Psychology, Lincoln State School & Colony, Lincoln, Illinois, published by the Courier Company, Lincoln Illinois, price about \$1.00 should be at the disposal of all the Medical Officers in these special centres.

LIEUT.-COL. C. K. RUSSEL, C.A.M.C., CONSULTANT, NEUROLOGICAL AND INSANE.

OTTAWA, March 5, 1918.

RECOMMENDATIONS RE THE FINAL DISPOSAL OF CASES OF NEURASTHENIA AND SO-CALLED "SHELL SHOCK" AND THE INFLUENCE OF THE MAN'S EXPECTATION IN THIS RESPECT ON THE TREATMENT AND COURSE OF THE DISEASE.

These functional nervous, or psychogenetic (born in mind) conditions will be treated primarily in the special Military Hospitals, and it is to be strongly recommended that no such case shall in future be discharged while still exhibiting any objective functional disturbance.

In the event of such a patient relapsing, I would strongly recommend that he be sent to the special Military Hospital from which he was discharged, for the reason that—the medical officer who has already worked out his case and persuaded him once can more readily repeat this than one who does not know the case. Also, if this idea be not followed special institutions will have to be duplicated and what will be more difficult a duplication of specially trained men will have to be found.

The difficulties of a medical officer taking up a case whom he has not known in the earlier stages is illustrated by the following case from my own experience which is by no means isolated:

Corporal P.—whom I personally spent much time and energy in curing at the Granville special hospital, Ramsgate, some two years ago, is still well but he now tells the story that he was buried for three days, and this necessitated thirteen months hospital treatment. He certainly had all of thirteen months' treatment in the various hospitals he was in but he was not buried three days nor anything like it.

The disability he was sent to the base for was a small wound in the hand, and he was judged fit to return to duty in a week or ten days. He then developed a headache and began to shake in the legs and jaw and was again returned to the base, and later to England. No serious principle is involved in this case, and one is simply amused, but unfortunately there are a great many such cases where very definite principles regarding a pension are involved, and it is those cases against which the country must be guarded.

APPENDIX No. 2

I would recommend that such psychogenetic conditions warrant no pension nor gratuity. This would allow the medical board to recommend a pension or gratuity if they thought justifiable in any particular case, but the patient would have no legal claim to one.

Illustrative cases may offer better explanations:

While in England, in November last, I sat for a week on Sir John Collie's Special Medical Board for Shell Shock and Neurasthenia cases. Many cases were brought to my attention among which the following were typical examples:

Case "A".—Has suffered from so-called "shell shock" but had been discharged to civil life with no physical disability. While he was in Paddington station there was an air raid warning and people began to move towards the underground—"A" with them, just then however an engine whistled, and, in his own words, "A" fell down in a severe hysterical convulsion and developed a paralysis of both legs which rendered him a total and complete disability. Examination showed no evidence of organic disease. It was evidently only the emotional excitement and the apprehension of danger that was the causal factor, in other words, an idea.

Such a case would appear before the special medical board and be sent to one of their homes of recovery. Beautiful homes with large gardens in pleasant surroundings. The house has billiard tables and is fitted up with as many attractions as possible. The pensioner who is a perfectly free agent can spend six weeks, two months or longer here living like a gentleman of means, and at the same time receive 27 6d a week less seven shillings for hospital expenses, separation allowance and special allowance for each child. If he does not like the treatment he can refuse it and leave it at any time. He was only getting one shilling a day in the trenches.

At the end of his time in the home of recovery, he comes up again before the special medical board who will reconsider his pension and probably raise it a little on account of his nervous instability.

Now we saw in the first place his relapse was due to an idea and we know that the only thing that will influence an idea is reason. If all the reasons that are offered to a man are such as to influence him to give way to these ideas of his and not control them we cannot expect any other result than that on the slightest pretext he will again give way, and in fact about every six or nine months he will take a holiday in one of these homes and have his family cared for by a grateful country.

I was informed that after the explosion at Silver City, just outside London, in January 1917, many of these cases who had been discharged from the Army and who were within about seven miles of the explosion again relapsed. Even though they could only have heard the explosion in the distance.

It is well to remember that, first, we do not see shell shock among our German prisoners, and this can only be accounted for by the fact that they recognize they need be under no apprehension of being exposed to the danger of the battle again, and there is no question of Pension in their cases.

Also, in severe wounds of the brain and cord, one does not see the symptoms of so-called "Shell Shock".

I was informed also by Major Abadie, Consultant Neurologist to the Fifth Army of France, that they very rarely get cases of "Shell Shock" in the French Army now except the merely temporary ones who return to duty after a short rest, and they attribute this to the recognition and carrying out of the principles described above.

If these recommendations are adopted, one can justifiably expect a decided decrease in the amount of Pensions paid, and secondly, the return of a much greater number of productive work in Civilian life.

LIEUT.-COLONEL, C.A.M.C.,

CONSULTANT,

The Neurological and the Insane.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 318,

FRIDAY, May 3, 1918.

The committee met at 10.30 o'clock, a. m., the vice-chairman, Hon. F. B. McCurdy, presiding.

Members present: Messrs, Cronyn, Green, Lapointe (St. James), McCurdy, Nesbitt, Pardee, Ross and Sutherland.—8.

The minutes of the previous meeting were adopted as read.

The vice-chairman directed the clerk of the Committee to read a communication received from the Officer Paying Imperial Pensions, which was ordered printed and to be further considered. *See Addendum (c) in No. 7, copy of proceedings.*

The committee then proceeded to consider the evidence given by Col. C. W. Belton and Mr. Edward R. R. Mills, who were recalled, and Major J. W. Margeson, of the Separation Allowance Division, Militia Department.

During the consideration of the evidence given by Col. Belton, the case of Sgt.-Major Arthur R. Tooke was presented by Mr. Sutherland, M.P., who, after reading extensively from the official file of records, submitted that the case should be reopened for further investigation by the Pension Board. Col. Belton pointed out the usual course of action in such cases. *See also minutes of evidence thereon.*

Mr. Cronyn, M.P., directed the attention of the Committee to a lecture delivered by Col. Sir John Collie, M.D., A.M.S., on the subject of "Neurasthenia and Allied Disorders." Excerpts from the said lecture, which are of interest in the present enquiry, were ordered prepared for next meeting.

The committee requested its clerk to obtain, according to instructions given him by Mr. Cronyn, the following records:—

(1) The scale of pensions allowed or to be allowed to Canadians who are members of the Royal Flying Corps and to the dependents of same, namely, cadets or pilots or flying officers and mechanics—whatever their rank;

(2) The scale in the case of Canadians enlisting in the Mechanical Transports Engineers or other corps recruited for Imperial Forces in this country; and

(3) The pensions granted to Canadian officers and other ranks, who, after proceeding to England with the C.E.F. have been transferred to branches of the Imperial Army.

Copies of Orders in Council P.C. 447, dated 16th February, 1917, and P.C. 2500, dated 13th September, 1917, *re* Separation Allowance and Assigned Pay, as produced by Major Margeson and a tabulated statement *re* comparison of rates of separation allowance, as submitted by Major T. W. Beatty were ordered printed and for further consideration. *See Addendum (a) and (b) in No. 7, copy of proceedings.*

The committee then adjourned until Tuesday, May 7, at 10.30 o'clock, a.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

APPENDIX No. 2

MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,

COMMITTEE ROOM 318,

FRIDAY, May 3, 1918.

The special committee appointed to consider and report upon the Pension Board, the Pension Regulations, etc., met at 10.30 a.m., the Hon. F. B. McCurdy, in the absence of Hon. N. W. Rowell, presiding.

Colonel C. W. BELTON, recalled.

The CHAIRMAN: I think you have some further replies to make in reference to cases brought before the Committee by Mr. E. R. R. Mills, representing the Great War Veterans' Association.

Colonel BELTON: I think Private G. H. Clark, 113136, was the one we were at.

Mr. E. R. R. MILLS: Captain Waddington, tubercular, is the next case, but Colonel Belton informs me that there is no file for Captain Waddington yet; that is the case of a captain where he had been discharged, if you remember, and was not given a pension. He was discharged on March 21, they would not keep him in the service, and they would not give him a pension. However, there is no file for that case.

Colonel BELTON: That case has not come up to the Board of Pension Commissioners yet.

Mr. PARDEE: How long since he was discharged?

Mr. MILLS: On March 21, of this year.

The VICE-CHAIRMAN: It must come before the Board, must it not?

Colonel BELTON: It must come there.

By the Acting Chairman:

Q. Is there, in your opinion, any delay in these cases reaching you?—A. The practice is now that they are sent from the District Board to the Board of Pension Commissioners; they do not come before the Militia Department at all.

Q. How long delay in time would you expect before receiving the report after the medical board is held?—A. Just the time it takes the mail to carry it.

Q. Take this case, the man was discharged on March 21?—A. Yes, this is an officer's case, and they are dealt with by the Adjutant-General's Branch, regarding his commission and matters of that sort.

Q. There should be some normal time in which you could expect to receive the report of the medical board?—A. Yes, one would naturally think that a month at most would be long enough, but still there may be special questions involved.

Q. If all these difficulties had not been solved, it is time to get these cases dealt with in a systematic way, is it not?—A. Yes, but there are so many unusual things that may happen; in a great majority of cases, where these delays appear to us not to be called for, on inquiry we find out there was a reason for the delay.

By Mr. Pardee:

Q. As a rule, how long is it after a man is discharged that his case is brought before the Pension Board; on the average, what would you say would be the length of time?—A. It is a matter of a couple of weeks.

Mr. MILLS: The next case is that of G. H. Clark, inadequate pension on account of stiff knee and a weakened constitution; that is the complaint.

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WITNESS: In this case the file of Private George H. Clark shows: The first Board is the English Board, December 10, 1916, which reports ankylosis of left knee. Healed wound of left thigh and groin with no disability. History of gunshot wound at knee resulted in ankylosis. Fit for duty C-1. Board July 11, 1917.—Firm ankylosis, left knee at 170 degrees. No disability from other wounds. General condition good. Estimate 25 per cent. August 28, 1917.—Pension at 25 per cent for one year. November 12, 1918.—Adjustment to 20 per cent for one year. Reason for award.—Twenty per cent is fixed award for ankylosis of a knee in good position. The reason they awarded that 20 per cent pension is that that was the percentage fixed by the Parliamentary Committee for ankylosis of the knee.

By Mr. Pardee:

Q. Is there anything more wrong with him than just that?—A. That is all we have a history of.

Q. Mr. Mills says he has a weakened constitution?—A. There is no description of that on the file.

Mr. PARDEE: In what way was his constitution weakened?

Mr. MILLS: The report I have here is "ankylosis knee, hip gives pain and is weak; left side also weak and unable to engage now in heavy work. This man works in the Estates Branch in the filing room and finds that even the work of pulling out the files is tiring, and he has to lay off work, and they have even to change him from that work of drawing out and putting in files to work where he is sitting down.

Q. Can he not stand?

Mr. MILLS: He gets played out and tired.

Mr. PARDEE: How much time has he lost?

Mr. MILLS: I cannot say for sure, but during March he was off twice that I know of.

Mr. PARDEE: You do not know for how long?

Mr. MILLS: Only for a day or so.

Mr. PARDEE: How much money does he get?

Mr. MILLS: \$70 per month.

Mr. PARDEE: That is at the work in which he is engaged?

Mr. MILLS: At the work at which he is.

Mr. PARDEE: What is his pension?

Mr. MILLS: \$10 a month. As a matter of fact he had been re-attested in the special company. The Canadian Government has taken him into the army again.

Mr. PARDEE: What class do you say he should come under?

Mr. MILLS: I think he should come in the 35 per cent class anyway, just at present, until his constitution becomes stronger. Eventually perhaps, \$10 will be sufficient.

Mr. NESBITT: Is he single or married?

Mr. MILLS: He is married.

Mr. NESBITT: How much is he giving his wife?

Mr. MILLS: I have no particulars as to that, he was married in January of this year.

Colonel BELTON: He was wounded in April, 1916, that is two years ago.

Mr. MILLS: He showed me his wound, and the piece of shrapnel which came out of it, which was the size of a good sized alley and jagged, it was taken out of the hip.

Mr. PARDEE: Is it healed?

Mr. MILLS: It is healed all right.

Mr. PARDEE: How old a man is he?

[Col. C. W. Belton.]

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Mr. MILLS: A man of 27.

Colonel BELTON: There is no mention of anything of that at all in any of the Boards.

Mr. MILLS: This is a case where the regulation calls for a certain percentage for ankylosis. I think there should have been a considerable leeway given the Board of Pension Commissioners to allow them to give an additional pension where common sense would suggest that it was necessary.

Mr. PARDEE: This man is getting \$70 a month from the Government salary, and \$10 per month pension. What was his occupation before he went into the service?

Mr. MILLS: He was a farm labourer.

Mr. PARDEE: And the time that he is laid off is not deducted by the Government.

Mr. MILLS: He was docked by the Government for any time that he was off, but not since he has been put in the Special Service Company, he is not docked there.

Mr. PARDEE: So that his position is better now than it was before.

Mr. MILLS: It is better than it was.

Colonel BELTON: Do not gentlemen, misunderstand the statement which Mr. Mills made. Allowances are made for every disability; the allowance is for anything that lessens his ability to earn a livelihood. Because he has ankylosis of the knee, that does not stop him from getting an increase of pension from any other disability due to service, if his ability to earn a livelihood is lessened thereby. They are all put together. It is not, however, a matter of simple addition, because a man may have three or four disabilities which if added together would amount to 100 per cent, say, the loss of an eye 60 per cent, and of a leg 40 per cent, but that would not make him 100 per cent disabled.

By the Vice Chairman:

Q. If all these disabilities were added together, you would give a man more than 100 per cent disability?—A. It would in some cases amount to 150 per cent; for instance, if he loses the two legs, that would be 100 per cent disability, and if he has in addition the loss of an eye—40 per cent you could not increase the pension beyond the maximum of 100 per cent.

By Mr. Sutherland:

Q. Have you any record to show whether the board who examined this man overseas, and the board that examined him on his landing here, and the one at the District point to which he was sent agreed or disagreed in their findings?—A. They only differed as to the amount of the estimate, as the case progresses.

Q. In this case to which Mr. Mills is referring, is there any variation?—A. Yes from 25 to 20 per cent.

Mr. MILLS: The next case is that of Drummer C. J. Ward, 410215. This man is tubercular and his pension has been reduced, we consider it is not adequate.

By Mr. Pardee:

Q. What have you to say about that case, Colonel Belton?—A. This man was discharged October 1, 1916, suffering from nephritis contracted on active service, and pulmonary tuberculosis aggravated on active service, and got a class 1 pension, of 100 per cent for six months; a medical board on April 9, 1917, stated that his condition had improved but he was continued on Class 1 for six months for a period of accommodation. The medical board in October, 1917, stated that condition had still further improved, that the pensioner was able to do secondary work, and estimated disability at 60 per cent. Pension was continued for six months in Class 9 (60 per cent). Medical Board March, 1918, stated that condition had improved and that the aggravation of pulmonary tuberculosis due to service, had ceased and estimated his

[Col. C. W. Belton.]

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disability at 50 per cent. Pension was continued for six months at Class 11, (50 per cent). A communication was received from G.W.V.A. on April 2, 1918, concerning decrease in pension, and reply to same is on file.

Q. Had that man been treated at one of the tubercular homes we heard of in the soldiers' committee last year?

Mr. MILLS: He was at Miss Richardson's convalescent home at Chaffey's Locks last year for about two and one-half months.

Q. Is that the only place he had been?—A. Yes.

Q. In that case the affection was only aggravated on service?—A. The pulmonary affection was aggravated.

Q. Outside of that, he had nothing wrong with him?—A. Well, perhaps I should read the letter written to the secretary of the War Veterans' Association, which reads:—

"I have the honour, by direction, to acknowledge receipt of your letter of March 28, requesting information as to why pension of the marginally-noted N.C.O. was decreased from Class 1 to Class 9. In reply I beg to inform you that the medical board in October, 1917, indicated that this pensioner's condition had improved, and he was able to do sedentary work. Hence his award was reduced.

"2. The medical board of March 27, 1918, states that his condition has further improved and that the aggravation of the pulmonary condition has ceased, but that he still suffers from nephritis contracted on service, and they estimated his disability at 50 per cent.

"3. You will, therefore, see that this man is receiving a very generous award, which, under the present scale of disabilities now in force, could not be increased."

That is signed, "The Secretary, Board of Pension Commissioners, Canada."

Q. What is nephritis?—A. Inflammation of the kidneys. I have criticism to make of that letter. We do not give generous awards, and I am very sorry that statement appeared in the letter. It was not my dictation. We just give awards, not generous.

Q. Nephritis was contracted actually whilst in service?—A. Yes.

Q. How much less able a man does that make him?—A. In this case it is considered 50 per cent. I will read you the last description, if you like.

Q. Just give it to us briefly?—A. It is very short. "Debility is moderate." That means his strength. The weakness is moderate. Then the memorandum says, "Lung shows slight ——" I cannot make it out.

Q. Is it your writing?—A. No; it is immaterial anyway. "But one hour after eating he has pain in the stomach, no evidence of active pulmonary disease." We can understand that. "The urine analysis shows acid, 10 20, no albumen, a few casts, chiefly granular. The debility due to the aggravation of the tuberculosis has passed away. The present debility is due to his convalescence from the nephritis, which was contracted on service."

Q. Will that nephritis be cured?—A. Not surely at all.

Q. Very, very uncertain?—A. Quite, with a chronic case.

Q. And it reduced his disability very much?—A. This is the basis on which that pension is awarded; there is necessity for restriction in occupation because of therapeutic reasons so that he may not become worse. He must not be exposed to all kinds of weather.

Q. A man with that ailment has to take the greatest care of himself?—A. Yes.

Q. How much pension does he receive?—A. Thirty per cent.

Mr. MILLS: \$25 a month.

[Col. C. W. Belton.]

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Q. Then you have this condition with that man: granted that he was pre-disposed to the tubercular trouble before he went away, he was passed by the medical examiners, he comes back with that trouble much aggravated, likewise plus nephritis, which makes him a fourth-class man as long as he lives. That is about right, is it?—A. I do not know what your scale is.

Q. Any man with an affection due to the kidneys which it at all scouts, is a pretty well down-and-out man?—A. No, not for present employment.

Mr. NESBITT: Particularly for inside employment.

By Mr. Pardee:

Q. He is easily affected by the weather and other conditions?—A. I should think he would have to take very good care of himself.

Q. Do you think \$25 a month is enough for that man?—A. Well, truly, Mr. Pardee, we do not consider the money at all. That is your affair. We only consider the classification of the man.

Q. The classification is 5 per cent in this case?—A. Yes.

Q. That man is liable, with nephritis, to be laid up at any time?—A. Possibly, yes.

Q. And if he is exposed to the weather, and gets a chill or cold, he is liable to be laid up for a very long time?—A. Yes.

Mr. MILLS: He has been laid up off and on during the winter.

WITNESS: But if he was laid up he gets a pension during the time he is laid up for total disability.

Q. He gets a total disability pension that time?—A. Yes.

Q. Would he get 100 per cent?—A. Yes.

Q. If he is laid up a month he gets 100 per cent disability?—A. Yes.

By Mr. Nesbitt:

Q. How does he get that? By reporting?—A. By reporting his case.

By the Vice-Chairman:

Q. Does he have to be boarded again before getting his pension?—A. Yes. You see there may be such a thing as a man taking sick three or four days, and it is impossible to put him on full pension for a few days.

Q. What is the reasonable time for which a man is allowed full pension?—A. We have not set any minimum. We have dealt with each case on its merits.

By Mr. Pardee:

Q. Supposing a man was away from here and taken ill, what proceeding would he go through to get the 100 per cent?—A. If the Board of Pension Commissioners were advised of his condition they would ask him for a medical certificate, and getting that certificate if he were in the United States, for instance, they might ask that he be examined by another physician nominated by the Board, and on that report he would get his pension. If in our country, the usual procedure would be followed by the usual medical board.

Mr. MILLS: The next case is Pte. Robert W. Pearson, No. 409477, inadequate pension through, I call it, a weakened constitution, but this man went back to his old employment. He was a mechanic of some kind in the Munitions Board, but he only stayed just one month, and had to give the work up, and come back as an orderly, to the General Auditor of the Militia Department Branch. His employer states here:—

This is to certify that R. W. Pearson was in my employment as a machinist from March 1 to March 26 inclusive. The above mentioned man was unable

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to continue in my service, owing to his following disabilities received on active service in France:

- (1) the failure of eyesight;
- (2) gunshot wound in the right elbow.

Yours respectfully,

Modern Machine Company,
per W. Law.

His elbow and arm seemed to be so weak he could not continue his work as a mechanic. His medical man examined him on April 20 as to his eyesight, and he says:—

“Ottawa,

To Whom it May Concern: This is to certify that I examined Mr. R. W. Pearson's eyes March 13, 1918, and found considerable hyperopia, with considerable retinal irritation, finds difficulty in using the eyes in artificial light.”

He had to use his eyes at night as a mechanic.

By Mr. Nesbitt:

Q. In that particular shop?—A. Yes. He is getting a pension of \$12.50 a month.

By the Vice-Chairman:

Q. What does he claim?—A. He thinks he should get a higher pension.

WITNESS: There is nothing about the eyes in this report whatever. The whole trouble is at the elbow joint. There was a fracture there. The elbow joint is free, and the flexion full, and the extension limited 5 per cent. He does not get his arm quite straight. This movement of pronation and supination is limited to one-quarter. He has been given a pension of 15 per cent indefinitely, and the reason, “it is considered that condition is not as bad as ankylosis of the elbow in good position.” That is established as a 20 per cent disability. That is, absolute fixation of that joint in that position is considered to be a worse condition than this man has. Therefore, his pension is less, but there is nothing about his eyesight whatever.

By Mr. Nesbitt:

Q. Would it not be a good thing to give the man another medical board, and see if there is anything wrong with his eyes?—A. We have had no complaint about it.

Mr. ARCHIBALD: You have one now.

WITNESS: Yes.

By Mr. Pardee:

Q. This is the first one you have had?—A. Yes.

By Mr. Sutherland:

Q. When a complaint comes in does it receive special attention at the hands of the Commission?—A. Yes, the complaint when it comes in is passed to the medical officer who made the original award, and he is required to show that his original award was correct, or to alter it.

Q. It might not come before you, and it might not come before the Board of Commissioners—not likely that it would?—A. No. Not likely that it would. Then in cases where it appeared that anything new is brought forward, any additional material facts brought out, another medical board is held on the case, and the whole matter is reconsidered.

Q. For instance, if a pensioner complains that he is not able to work, except a very small proportion of the time, say one-half, and he is only getting a trifling pension, and he deems that he is not getting what his disability would entitle him to, is it

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possible that the request or complaint of that man would be refused?—A. No. The answer to that complaint would be this: That if he considers there is any information with regard to his case which is not on record with us, if he will be good enough to have a medical certificate filled in, in the form we send him, and if it appears from that medical certificate, and as a consequence of further inquiry his pension is increased, we will pay the medical fee up to \$5, and his pension will be dealt with.

Q. Is he notified to that effect?—A. He is notified to that effect.

Q. I have had several cases called to my attention during the past six months and one of them appeared to me to be a very just cause for complaint, and that was at the time the announcement was made in the press that Sir James Loughheed had been appointed Minister to the Soldiers' Civil Re-establishment Department, and that the Pensions Commission was coming under him. I wrote to Sir James who turned my letter, and also the letter from the soldier, over to the Pensions Commission, and I see by the file that I asked for the other day that these letters are on file there, and the whole correspondence, and the record before the medical board in England, at Quebec, London and here, are all in that file, and in view of the discussion that took place here yesterday, from the statements that were made by Col. Russell with regard to nerve cases, it struck me that this was one of those cases which were so well described by him, and I think it would illustrate the procedure which these men who are suffering from these disabilities have to go through before they receive a pension. It is here and it would not take very long. I believe if the file were read to the Committee it would give the witness an opportunity of dealing with it, and explaining the situation, and would save time.

Mr. NESBITT: Why not put it on the file?

Mr. SUTHERLAND: I would like to have it discussed while Col. Belton is here.

By Mr. Nesbitt:

Q. I would like to ask Col. Belton if he has not a specialist on his board for the eyes—A. Yes.

Q. Would it not be practical and decent to send that man who complained of his eyes to your specialist and let him be examined by him?—A. If the facts that are brought forward warrant it. If the facts warrant another medical board, that board will be held, and there will be associated with that board a specialist, wherever it is held. If in Ottawa, a local specialist will be associated with the board.

Q. If you have a specialist in which you and the Pensions Board have faith, why not let him see that man?—A. We will. We have specialists in all the centres. Perhaps you have an idea that the specialist is in our office.

Q. No, no. He is in the city here, I understand.—A. Yes, that is the man we will have. Then we have Colonel Courtenay, who is a specialist on the Board of Consultants.

Q. You must use the fellows humanely?—A. Always. We have a specialist when one is required on lung or heart trouble.

The VICE-CHAIRMAN: Mr. Mills explained that a number of the cases to which he alludes have not been formally brought before the Pensions Board by way of appeal, and he says he will outline only the cases which involve a general principle.

Mr. MILLS: The next four are people with weak constitutions, and the other one deals with rheumatism, which I think we have already taken up. The next deals with dysentery.

Mr. NESBITT: Let us hear about that dysentery case.

Mr. MILLS: That is R. T. Moore, Private, No. 50779. The man was at Salonika, Egypt, and France, and was sent from Salonika with dysentery; he was discharged; gets no pension or gratuity.

Mr. PARDEE: In what condition is he now?

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Mr. MILLS: Chronic dysentery.

Mr. PARDEE: To what extent does it impede him in his work.

Mr. MILLS: He states to me that he is unable to go out socially because he has always to arrange for somewhere to go; and in his work he is sometimes a couple of hours off in a day or longer.

Mr. PARDEE: How long has that gone on?

Mr. MILLS: I have no particulars of the date of discharge.

Mr. NESBITT: What do you say about him, Colonel?

Colonel BELTON: This man enlisted in May, 1915, had an attack of dysentery in May, 1916; enlarged thyroid appeared during the summer of 1916, he was returned to Canada in October, 1916; the Medical Board of February 4, 1917, stated—No disability shown; cured under treatment; thyroid causing no symptoms; Medical Board of September 17, 1917, stated condition had recurred and recommended re-attestation for further treatment. Re-attestation was refused because he was drawing more pay from the Department of the Interior than he would receive if we re-attested. But he was admitted to hospital for treatment. Medical Board of December, 1917, states—This man's slight disability will still continue after treatment but will not incapacitate him in any way; no disability.

The VICE-CHAIRMAN: What employment is he following?

Mr. MILLS: A civil servant.

Colonel BELTON: The history of the case is: Dysentery on active service; improved under emetine and cured except for slight daily bowel looseness. Subjective symptoms, two or three motions of bowels per day, rarely any pain; healthy looking man; has been under treatment at St. Luke's hospital, Ottawa, for five or six weeks; faeces show no signs of amebia; no other sign of abnormal condition.

Mr. PARDEE: Do you mean, Mr. Mills, that this man loses a couple of hours a day from the actual dysentery itself?

Mr. MILLS: That is what he states to me.

Mr. PARDEE: But that man would be dead, if that were the case. Colonel Belton, how would that affect a man's health, if he lost two hours a day with dysentery?

Colonel BELTON: If two hours were engaged, for that length of time he would be very greatly debilitated.

Mr. PARDEE: Could he work at all?

Colonel BELTON: I do not think he could continue the work if it kept up regularly.

Mr. PARDEE: Your records show two or three times a day.

Colonel BELTON: Yes. I think, gentlemen, that possibly this man has a disability now. I think his case should be brought up. It is one of those cases that, despite the improvement for the time, it will get bad again, and the only thing to do is that we must be told if it got worse.

Mr. PARDEE: Has this been brought up?

Mr. MILLS: Yes; I have a letter from the Board of Pension Commissioners, dated February 1, addressed to the man at Ottawa, acknowledging receipt of his letter of January 22 in reference to the matter of pension, saying that the case of his receiving or not receiving pension will be taken up and a further communication will be addressed to him when further information is obtained.

Mr. PARDEE: Has anything been done since that?

Mr. MILLS: No, I understand nothing has been done, because on the 25th he wrote to the Great War Veterans' Association, Ottawa, saying: "I have written to the Board of Pensions in regard to my pension, and am enclosing a few replies received from the board, which I do not consider satisfactory." Since then nothing has been done.

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Mr. NESBITT: You must have a copy of the correspondence there, Colonel Belton; Mr. Archibald had better take that up and see what that man writes.

Col. BELTON: There is no such letter on this file. It would almost appear that that is in regard to another man, because a copy of the document must be always on file.

Mr. MILLS: We have a number of letters here in regard to faults of administration, delays that cause a lot of annoyance to the men. We intended to have all those brought up first, but we might have it done by next session.

Mr. PARDEE: You mean delays in dealing with pensions?

Mr. MILLS: In the hearing of our complaints and attending to the complaints when we do bring them to the attention of the Board of Pensions.

Mr. NESBITT: I should think you ought to be careful, Mr. Mills, not to take up complaints in your branch that are not authorized.

Mr. MILLS: Authorized by whom?

Mr. NESBITT: By the necessity of the case.

Mr. MILLS: Of course, often we do not know the necessity until we see the files, and once we see the files and see there is no necessity we advise the man immediately.

Mr. NESBITT: Otherwise it may be thought that the fellows are simply liable to be growling around.

Mr. MILLS: We quite understand that. We found a number of complaints that were not grounded, and we told the men. I had a suggestion to make, coming from the association which is that we have a man to look after these complaints, either appointed by the men themselves, or having the confidence of the men.

The VICE-CHAIRMAN: You mean a complaint officer in the Pensions Board?

Mr. MILLS: A complaint officer.

The VICE-CHAIRMAN: Appointed by the Pensions Board?

Mr. MILLS: Yes, or a man they have confidence in, anyway, and he could hear these cases and advise them and he would be discharged by the Great War Veterans' Association, if possible, if he did not give satisfaction.

The VICE-CHAIRMAN: Would you hold him responsible for the actions of the association?

Mr. MILLS: Well, in attending to the complaints.

Mr. NESBITT: In reference to that dysentery case, Colonel Belton, I would like to say I know a young fellow who was at Salonika, or Mesopotamia, a very fine type of chap, who is very much weakened by that dysentery. It will leave him for a short time, but when he goes to work it will return, and he is subject to other diseases very easily, such as fevers and that sort of thing; in fact, he has never got rid of the trench fever, malaria, or fever they have in those hot climates. I do not know that he has got a pension; I am not speaking from that point; but his case is what gives me an interest in this other one, because I have obtained positions, once or twice, for the fellow I mention, and he could not continue on with them on account of this dysentery, it weakened him so. He would be all right for perhaps a week or two, and when not working he would seem to be rather better, when just sitting around at home, it would not affect him so much then.

Colonel BELTON: I think in all probability, this man has a disability.

Mr. NESBITT: That ought to be looked into.

Colonel BELTON: Yes. But the attitude of the Board of Pension Commissioners is an open one. They encourage that; they ask for it. These men should present their cases if they have any difficulty, because a man may be given a pension to-day, and to-morrow his ability may be twice as great—something happens to him on account

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of that service. We can only depend on the information from the outside given by the man himself in order to start the ball rolling.

Mr. NESBITT: Who is the next one, Mr. Mills?

Mr. MILLS: I have others, but they are all on weakened constitutions.

Mr. ARCHIBALD: You are going to bring up all these cases?

Mr. MILLS: Yes.

The VICE-CHAIRMAN: That is our agreement with Mr. Mills. We are not investigating individual cases here.

Mr. MILLS: I would like to ask Colonel Belton just what he would think of having a complaint officer, because a great percentage of the men are quite unable to present their complaints; they go up there, but it is just merely complaining, except the grounds for complaint are stated, and they are quite unable to present their cases; they do not know what to do.

Mr. NESBITT: And they are looked on as grouching?

Mr. MILLS: They are just looked on as grouching by the people that they see, and by ourselves, and you.

Colonel BELTON: This is what is being done: In every Military District in the country, in all the large centres, there is a branch of the Board of Pension Commissioners, a branch office. That office is a place where complaints may be made, and the pensioners are informed that their complaints may be taken there; their address is given; the head of that office is supposed to explain to the pensioner tactfully and sympathetically his condition, and just where he comes in as a disability and explain to him as fully as he may the pensions law. Now, it must be understood that to educate men for that work takes a little time. It is being done all the time. It is now proposed—in fact it is being done—that we should have a medical officer attached to each of these offices. These gentlemen are to come into our office to spend a couple of months or three months with us, to understand the conditions for which pensions are given and how they are given, and all about it, and then to be available in those offices to re-examine those men, to explain to them anything and everything about their disability that they can. I think that meets the bill.

Mr. NESBITT: Let me give you a case in point. So far as I know, there is no representative of the Pension Commission in either Ingersoll or Woodstock—towns very close together, one being in Mr. Sutherland's riding and the other in mine. Suppose that they had a complaint, and a man wrote to the Pension Board direct, would they send a man from London to look into that case, or would that man have to go to London?

Colonel BELTON: It might be one thing or the other, but if he had to go to London his expenses would be paid.

Mr. NESBITT: The expenses would not be paid if his complaint was not justified?

Colonel BELTON: No, not if his complaint was not justified.

The VICE-CHAIRMAN: Have you not a system of visitors?

Colonel BELTON: Yes; the further work of those district officers, of course, is to visit cases; and to visit once a year, if possible, all the pensioners. But that is more particularly for dependent pensioners rather than for disabled pensioners

By Hon. Mr. McCurdy:

Q. Colonel Belton, are those visits being carried out? Is each dependent pensioner being visited once a year?—A. I believe so.

By Mr. Nesbitt:

Q. It struck me that there should not be much difficulty in having a medical man in whom the Board had faith, in a town like ours or a town like Ingersoll. We have
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first-class medical men there, very reliable, probably as much so as you have in any city, to whom cases of that kind could be referred?—A. We permit the man to refer his case to any medical man, and deal with that medical certificate when it comes in; but remember, although it is a very simple thing, as I explained, the difference between a disability and a disabling condition, many of the profession do not recognize it, and many of them think that the length of a man's service, the circumstances of his service, the size of his family, and that sort of thing, and the fact that he served in the Boer war, or something else, should affect the estimate of his pension.

By Mr. Nesbitt:

Q. I know there is a tendency by local men to exaggerate to some extent, because I happen to be in the Accident Insurance business, and no doubt the tendency of the local doctor is to exaggerate the injury; but I do not see why they could not have a really reliable man, absolutely reliable, in any of those towns, one who could be consulted in cases like that; I could easily select you a man who would be thoroughly reliable.—A. To be of any service, he would have to serve a couple of months here.

The VICE-CHAIRMAN: Mr. Mills, is that all of your cases?

Mr. MILLS: There was one just like my own case, from District No. 3. The man is G. B. Blackburn, Private, No. 18324. He was discharged August 31, last year. He was an under bank manager of the Bank of Ottawa, at Edmonton, when he enlisted, and he won the Military Medal twice. He returned here on August 31, and he has not any pension. I have asked Colonel Belton for his file, and he has not any file. That case is similar to my own, and shows that they are prevalent. Another one came to my attention where we consider that there has been favoritism or otherwise shown in the case of an officer who has been discharged, a Senator, Colonel Bradbury, who received a pension of \$720 a year. He was just two weeks in France. He is a man of about 60, and he has represented my constituency for the last twenty years, and for the last ten years, I can remember, he has been feeling not well when he came around at election time.

By Mr. Sutherland:

Q. What was his disability? What percentage?

Colonel BELTON: Angina pectoris.

The VICE-CHAIRMAN: Which, being interpreted, is what?

Colonel BELTON: That is, those terrible attacks of pain you hear of people getting at the heart. Sometimes they die the first time they get it, and sometimes it goes on for years.

The VICE-CHAIRMAN: A species of heart disease?

Colonel BELTON: Yes.

Mr. MILLS: We do not object to the Senator's getting it as long as our other men get the same disability, suffering from the same disease.

Mr. NESBITT: Well, what does it say about him?

Mr. PARDEE: Disability to make a living in the labour market of the world is 75 per cent; but the Senate is not a labour market.

By Mr. Pardee:

Q. Colonel Belton, a pension allowance is always reduced by reason of the fact that there was always some predisposition to disease or other ailment.—A. Because there was a disability.

Q. If there is a disability you do not give the same pension as if there were a predisposition?—A. If it was a disability.

Q. And so a predisposing disability reduces the pension, is that right?—A. Why predisposing? The man had a disability, he was not predisposed, it might become increased, that is all.

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Q. The recommendation is that this officer be discharged. " I am of the opinion that this officer's age and most probably high-blooded pressure was a predisposing cause of this condition." He gets a matter of 50 per cent pension. Then it says "This Board is of opinion that this disability reduces this officer's earning capacity 75 per cent in the untrained labour market for six months." Two-thirds of this disability is due to aggravation by service. He is carrying out treatment under his own physician and will require treatment for six months. The pension only lasts for six months?—

A. Yes.

Q. And he is then re-examined?—A. He is then re-examined.

Mr. NESBITT: What is the pension 50 per cent?

Mr. PARDEE: He gets \$780 a year.

Mr. NESBITT: Have you any privates that come in the same category, Mr. Mills?

Mr. MILLS: I have four cases that I have given to the committee.

Mr. NESBITT: Those are cases of valvular palpitation, that is not the same at all.

Colonel BELTON: No.

Mr. MILLS: You asked for particulars as to the number of different complaints I have received. The following statement gives the information asked for:

COMPLAINTS RECEIVED AT G.W.V.A. OTTAWA BRANCH.

Presented by E. R. R. MILLS.

| | No. | Percentage. |
|--|-----|-------------|
| 1. Without pensions—Not notified.. . . . | 21 | 31 |
| 2. Without pensions—Notified.. . . . | 2 | 3 |
| 3. Pension decreased.. . . . | 4 | 6 |
| 4. Pensions inadequate.. . . . | 28 | 42 |
| <hr/> | | |
| 1. Nerves.. . . . | 2 | 2 |
| 2. Heart.. . . . | 3 | 4.5 |
| 3. Tubercular.. . . . | 6 | 9 |
| 4. Weakened constitution.. . . . | 13 | 19.5 |
| 5. Rheumatism | 3 | 4.5 |
| 6. Dysentery | 1 | 1.5 |
| <hr/> | | |
| | 28 | 42 |
| 5. Administration.. . . . | 8 | 12 |
| 6. Complaints on Medical Board | 2 | 3 |
| 7. On Imperial Pensions.. . . . | 2 | 3 |
| <hr/> | | |
| Total.. . . . | 67 | 100 |

Cases brought before Parliamentary Pensions Committee, 29.

There is also another point about which Mr. Pardee asked, that is with reference to Insurance. Many of the returned men are unable to obtain insurance from companies owing to their disability-pensionable or otherwise. These comrades are, therefore, unable to provide their families with the same protection that they would have been able to do, if they had not proceeded overseas. This is a distinct hardship and will become even worse, when the married men worry as they will do. This Branch of the G.W.V.A. urges that National Insurance for returned men be taken up by the Government.

Mr. ARCHIBALD: Under that heading I would like to say that if the man is married already, and he dies as a result of his disability his wife will get a pension just in the [Col. C. W. Belton.]

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same way as if he died on service; if there is some other disability he will not get a pension, unless his pension is classed from 1 to 5 that is 80 per cent or more, then his widow will get the same pension as if he had died on service.

Mr. NESBITT: Supposing that his death is caused by service?

Mr. ARCHIBALD: If his death is eventually caused by disability on service, his widow if she were married before he went overseas, will get a pension, which will be a little more than the amount of insurance.

Mr. NESBITT: You say that men who have been refused pensions cannot get insurance.

Mr. MILLS: A great many of the native companies will not take them.

Mr. NESBITT: Supposing the Pension Board do not consider him sufficiently injured or sick?—A. Usually the Insurance Companies will not insure them; they will not in many cases.

Mr. ARCHIBALD: That is because of predisposing conditions before they went overseas.

Mr. MILLS: During the winter there were a large number of complaints in Ottawa, and I spent a large part of my time trying to get the insurance companies to straighten things out.

The VICE-CHAIRMAN: We should like, Mr. Mills, to see you take up these uncompleted cases with the Pension Board.

Colonel BELTON: Mr. Mills understands that the majority of his complaints are of cases that have not been brought to the attention of the Pension Board yet.

Mr. MILLS: I quite understand that. We expect to have them all completed by next session. On behalf of the G.W.V.A. I thank the Committee for their attention and patience in hearing our complaints. Personally I am also grateful to the Committee for their sympathy, as that made my labour easy.

Mr. SUTHERLAND: On Friday last I asked Colonel Belton to have the file brought down, No. 10822, Sergeant-Major Arthur Tooke, 4th Battalion, C.E.F. This man enlisted at Barrie on the 17th August, 1914, and was sent to Valcartier and attested on the 22nd of September. He was discharged at London, Ontario, on 27th December, 1917, and got employment at Ingersoll, at the foundry there. My attention was first called to it by the superintendent of the foundry, who felt he was not receiving sufficient pension. I interviewed the man, and he seemed to be a very intelligent man, reasonable in his complaints, and I asked him to write out a statement as to his services and to the trouble that he had, and told him that I would place it before the Pension Commissioners. That was just at the time the announcement came out in the press that Sir James Lougheed had been appointed a minister, and that the Pension Commissioners were subject to him as minister. I sent the letter which I received from Sergeant-Major Tooke to Sir James Lougheed, along with a letter which I wrote myself, and I see that there are copies of those letters on the file here, and I have an acknowledgment from Sir James stating that the matter had been placed before the commissioners; the letter is just a little bit lengthy, but I think if I read it you will have a pretty thorough idea of the service and what this man went through.

“INGERSOLL, February 17, 1918.

“To D. SUTHERLAND, Ingersoll.

“SIR,—I enlisted at Barrie on the 17th August, 1914, and was sent to Valcartier and attested on the 22nd September, and proceeded to England with the 4th Battalion, Canadian Infantry, 11th Brigade. Was promoted to lance-corporal November 13th, 1914. Proceeded to France with the same unit on the 7th February, 1915. Received a little gas at the second battle of Ypres

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(23rd April, 1915), but not enough to report sick with. At the battle of Festubert, in May, I received a slight shock by being blown up with a shell which demolished part of our trench. I was sent to the casualty station and from there to a clearing station, and then to a rest camp behind Bethune. My wounds were of so slight a nature that I was fit to return to duty after a few days.

"At the battle of Givenchy, in June same year, I received a shrapnel wound in the forehead, which caused me to be sent to a hospital near Havre Etaples; after fourteen days I was sent to the base camp at the Havre, and proceeded up the firing line after three days.

"I arrived as the battalion was proceeding into the trenches at Ploegstreet, and while there I got buried with a party of men by shell fire. This caused shell-shock, and diagnosed by the doctors as neurasthenia. I was sent to hospital at Le Treport, and from there proceeded to London, England, and entered No. 4 London General hospital with several other nerve cases. The doctors here were all nerve specialists, and I remained here three weeks. From there I proceeded to a convalescent camp at Dartpool and then to Epsom. From Epsom I joined my reserve unit (12th Brigade) the end of December, 1915. At this period I had been promoted to sergeant and was employed as scout sergeant instructor to the recruits. In January I proceeded to France again on conducting duty, and returned after two weeks in that country conducting troops up to the trenches. On my return I was transferred to the 23rd Reserve Brigade, and became Bde. engineer and trench warfare instructor. At this time my nerves played out, and I was again admitted to Moore Barracks hospital. After three weeks I returned to my unit. All through the summer I was in charge of the brigade training, and over five battalions passed through my hands and received instructions in trench warfare and entrenching and bombing, and for services rendered I was promoted to company sergeant-major August 30th, 1916.

"In December my nerves again broke down, and Capt. Wood, C.A.M.C., received special permission to send me to my home in Suffolk, England, as he was of the opinion that hospital treatment was not applicable to my case. I remained at home 21 days and returned to duty December 31st. In February I had another breakdown and Capt. Muir, C.A.M.C., medical officer for the 23rd Res. Bn., sent me home for 14 days and he was of the opinion also that hospital treatment would not do me any good. In August, 1917, I was before a medical board and classified C 3, and to be returned to Canada. In the meantime my nerves were getting in a bad condition again.

"I returned to Canada on the R.M.S. *Metagama*, and landed in Quebec on the 25th September, 1917, and I was boarded at Quebec and sent to No. 1, Special Service Company, Queen's Park, London, for duty. One day's duty and my nerves played out, and I made application for my discharge. I was boarded and sent to the Convalescent Hospital, Hollaway Ave., London, for treatment after having been before two boards and been interviewed by a specialist. I was discharged with effect, 27/12/17, after three years and four months' service. I obtained employment at the Ingersoll Machine Company as repair man. The work entailed a great deal of manual labour.

"My nerves and my physical condition is such that I can not do more than six hours work per day, that makes my weekly wages amount to about \$10 a week, and out of this I have to keep a wife and one child. This is not sufficient. On February 15th, I received a pension paper and cheque for \$5.66 being pension money for two months, at the rate of \$2.66 per month. I firmly believe that eventually I can cure my nerves by will power, but while I am yet incapacitated I expect more support from the Government in order to attain this.

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"By profession I am a cash accountant, but before the war, I was doing manual labour and as on my discharge from the army I could not obtain a position as cash accountant, I have had to resort to manual labour, the whole difference and one on which I base my claim for a bigger pension is this, before the war I was capable of hard labouring work, to-day I am not, and \$2.66 is not the equivalent of my disability.

(Sgd.) Arthur Reginald Tooke,

Late 10822 C.S.M. Tooke, A.R.,

4 Battalion Inf.,
Pension No. 23753."

If that man's statements were correct, I was satisfied it could be verified by the documents in the possession of the Militia Department, so I wrote to Sir James Lougheed in connection with the matter. I might say that I had a number of other complaints at this time, and I possibly wrote a little more severely than I would otherwise have done. My letter to Sir James was as follows:—

"Ingersoll, February 26, 1918.

Sir JAMES LOUGHEED,
Minister of Soldiers' Re-establishment Dept.,
Ottawa.

"DEAR SIR,—I am very glad to know that you have been appointed head of this new department of the Government. The need for a more clearly defined responsibility has been apparent for a long time.

"It was thought the amendments to the Pension Act of last session would ensure decent treatment for returned men in the matter of pensions, particularly during that period immediately following their discharge and while endeavouring to re-establish themselves in civil life again. The wholly inadequate pensions being allotted to men suffering from a partial disability who may be compelled to accept labourer's wages and who might well be classed as in a convalescent condition, has become a scandal and demands immediate attention on the part of the Government.

"The most recent instance of this nature to which my attention has been called, being that of A. G. Tooke of Ingersoll, late Sergeant-Major, 4th Batt., Infantry, who received his discharge on December 27 last after three years and four months' continuous service, having been many times among the casualties and finally returned to Canada classified as C-3. My attention was first called to this case by his employer. I afterwards met him and asked him to submit to me a statement of his case, which he did, and which I enclose herewith. The brutal callousness of those responsible for turning this man off with a pension of \$2.66 per month, in view of the services he has given, and his present condition, should be fixed where it properly belongs. I am therefore recommending that the case of this man should be immediately investigated.

Yours truly,

(Sgd.) Donald Sutherland."

To which I received an acknowledgment from Sir James Lougheed as follows:—

"Ottawa, 1st March, 1918.

"Dear Mr. Sutherland:—

I have just received yours of the 26th ultimo, *re* pension of Sergeant-Major A. G. Tooke, late 4th Battalion. I shall have his case looked into and write you again later on. Believe, yours faithfully,

James A. Lougheed."

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This was followed by a letter dated Ottawa, 7th March, 1918, as follows:—

“Dear Mr. Sutherland:—

Re 10822, Sgt.-Major Arthur R. Tooke.

In further answer to your letter of 26th ultimo, I enclose you a report received from the Board of Pension Commissioners which fully explains this case. Believe me,

Yours faithfully,

(Sgd.) James A. Loughheed.

That is the last communication I have had regarding the matter, and Sergeant-Major Tooke has not received any communication from the board as a result of the correspondence which took place.

This is a copy of a letter received from the Pensions Commissioners which Sir James Loughheed enclosed:—

Ottawa, March 6, 1918.

No. 10822, Sgt.-Major Arthur R. Tooke,
4th Battalion, C.E.F.

Sir: I have the honour by direction to acknowledge receipt of your letter of the 1st inst., addressed to Col. Labatt, enclosing correspondence from Mr. Donald Sutherland of Ingersoll, relative to the marginally-noted soldier's case for pension.

2. The information on file in this case is as follows:

The Medical Board which examined him at Shoreham, August 23, 1917, stated:

“He is nervous, heart beat is rapid, 140 per minute, general condition is poor. Will not be fit for higher than C-3 category.”

3. On return to Canada Private Tooke was examined at London, Ontario, on November 12, 1917, his condition being described by the Medical Board as follows:—

“There is a marked tremor of the hands and also of the toes. Nervousness is exhibited in his manner and speech, and by tachycardia. Heart beats 120 per minute on standing. There is a gun shot wound at the back of the scalp and one on the forehead which he says contributed towards causing the nervous debility.”

This Board recommended that he be transferred to the Military Hospitals Commission Command, “F” Unit, for convalescence and treatment.

4. Further medical re-examination before a Board of Medical Officers at London on December 6, 1917, disclosed the following facts on his condition at that time:—

“During past two weeks soldier has been home apparently with very marked personal benefit. He can now sleep ten or more hours without interruption. He eats well and feels cheerful and contented. Says he can walk five miles at his own pace without getting over tired. Pulse 100. Respiration 18 at rest. After jogging up and down 45 steps, pulse 110 and respiration 20 with very little dyspnoea. Palpitation is noticeable to soldier on excitement or extra exertion. Says he has not suffered from depression in the least during his two weeks at home.”

This Board certified that he did not require further treatment and recommended that he be discharged.

5. The case for pension was then considered, and based on the Medical Board proceedings, referred to above, the Medical Advisor of this Commission was of the opinion that his disability was such as to entitle him to a class 20

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pension for six months from December 28, 1917. This opinion was confirmed by the Commissioners, pension being awarded accordingly.

6. The facts of the case appear to be perfectly clear and it is not thought that further reconsideration of the case would make any alteration in the decision arrived at.

7. The correspondence enclosed in your letter of the 1st instant is returned herewith.

I have the honour to be, Sir,
Your obedient servant.

(Sgd.) STANLEY B. CORISTINE.
Secretary.

Board of Pension Commissioners, for Canada.

It does not even indicate that the Pension Commissioners or medical adviser or anyone else had anything to do with the letter. It is simply signed by the Secretary of the Board of Pension Commissioners. In bringing the file down, I find that it confirms, to the very letter, the statement made by Sgt.-Major Tooke in his letter to me, with the exception that he did not state that his conduct had been reported as exceptionally good. I have written to him twice asking as to his condition, but he neglected to reply. I took the trouble to call at the works where he is employed on Monday of the present week, and the foreman, Mr. Tees, stated to me that he was an exceptionally faithful and reliable man, and that they were keeping him there largely because of the fact that he was a returned soldier, and I asked him would he mind giving me a statement bearing on the case and he gave me the following letter:—

INGERSOLL, ONT., April 29, 1918.

DONALD SUTHERLAND, M.P.,
Ingersoll, Ont.

re A. R. TOOKE.

Dear Sir:

The above man has been in our employ for four months. We have kept him on light work, but he has been frequently absent on account of sickness. These sick spells come on suddenly and vary in duration from one to ten days. On account of this we have to keep him where it does not interfere with our output.

This man is willing to work but he is not in a position to do so. He has a family to keep and deserves some assistance commensurate with his injuries.

We trust you will be able to place this in the proper light to the Pensions Board and secure justice for him.

Yours sincerely,

W. Herbert Tees.

Mr. Tees advised Mr. Tooke that I had been inquiring about him, and he met me at the train when I was leaving for Toronto. He said that physically he had improved very much, but these spells came on occasionally, and necessitated him being laid up from two days to a week at a time, that he had lost 28 days in the last four months as a result of his disability. He also stated that he had purchased a ticket for Montreal the week before, intending to go there on business, and that in consequence of his disability, he was unable to go to Montreal.

Mr. PARDEE: Can he travel?

Mr. SUTHERLAND: Well, he said he could not. His nervous breakdown was such that he felt it would not be safe for him to leave at the present time. In the file which

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has been brought down I see the proceedings of the medical board at Shoreham on 23rd August 1917, and I find the following:—

“Present condition—in France 9 months, returned October 15th because of shell-shock. Now complains of being hardly able to carry on at light work because of nervousness. He is nervous. Heart beat is rapid, 140 per minute, general condition is poor. Will not be fit for higher than C3 category.”

He arrived in London and was before a medical officer, Lieut. A. J. Shore, who reports, practically repeating what is stated in the letter. He says:—

“There is a marked tremor of the hands and also of the toes. Nervousness is exhibited in his manner and speech and by tachycardia. Heart beats 120 per minute on standing. There is a gunshot wound at the back of the scalp and one on the forehead which he says contributed towards causing the nervous debility.”

VICE-CHAIRMAN: Those were reviewed in the letter from the Pension Commissioners?

Mr. SUTHERLAND: No, this is a little different from what was reviewed by them. On the back of the page I find the following:—

“What is the probable duration of the disability or of each disabling condition, if more than one contribute?

And the answer is. “Two years.”

“To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.”

The answer to that is, “20 per cent.”

This is evidently reviewed by three medical men on the Commission. I do not know whether they saw him or not.

Colonel BELTON: Yes, they saw him.

Mr. SUTHERLAND: This is signed by A. J. Shore. They agree with part of the findings, except No 11. They say the insomnia and depression are marked features of the case, knee jerks and other reflexes are slightly exaggerated. Lungs and other organs, normal, and they recommend six months, at least, as a probable duration of the disease, and he is unfit for military service. They put him in category D3 and recommend, that he be transferred to the M.H.C. command “F” unit for convalescence and treatment. The report from the Military Hospitals Commission command is as I have read, as indicated in this letter to Sir James Loughheed.

In that report I find the following:—

“What is the probable duration, in months of the disability or of each of the disabling conditions, if there is more than one?”

The answer is, “one month.”

“Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

The answer is, “No.”

“Can the former trade or occupation be resumed?”

The answer to that is “Yes,” and the recommendation is that he should pass under his own control. Now, instead of remaining in the hospital command,

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they permitted him to go home and remain there two weeks. He comes back and claims that physically he is improving, and he is anxious to obtain employment, and it is after this that the case is brought to the notice of the board. The particulars of the discharge are also on the file, and it gives the date of his enlistment and his discharge, and says. "The above man is discharged in consequence of being medically unfit for further service." That hardly agrees with the finding that this man at the end of the month would be as good as ever and would be able to resume his occupation, when he is reported as medically unfit for further service as the result of nervous debility.

The confidential information on the file reads as follows:—

"Condition which prevents the soldier from earning a full livelihood: Soldier wounded in forehead, back of head, left ankle, both hands 18/6/15. Complains now of nervousness, sleeping poorly and frequent headaches. States he had some gas 23/4/5. Physically, condition good, heart is sound, lungs are normal, nerve reflexes normal. There is slight dizziness on exertion for ten minutes. There is slight depression in mid-line of forehead. No disability arising from other wounds. This man is capable of light duty."

It shows also that he has a wife and one child, that previous to the war he was a book-keeper by profession. He had been just recently employed at Penetag earning \$21 a week in a tannery.

Mr. PARDEE: What is your contention in regard to this case?

Mr. SUTHERLAND: My contention is that the medical boards have differed all along with regard to his condition, and that when it finally came before the Pensions Board here at Ottawa, without seeing the man, they cut his pension down even from the finding of the last board, which I will show you in a moment or two. Here is the recommendation *re* disability pension, which finally comes before the head of the board. They recommend 10 per cent disability, but that is struck out and 5 per cent is inserted. This is signed "M.C. 11. Head of Proceedings." That is all the signature there is, and as a result the pension is authorized in his case.

Mr. NESBITT: At \$5 a month.

Mr. SUTHERLAND: No, \$2.66 a month. A notice is sent to the board from the commanding officer at London district, and he does not receive his pension for considerably over a month after he receives his discharge. In this case the man is evidently either fit for service, or he is not. He is recommended to be discharged as a result of the injuries that he has received, and I think that the letters that are on the file indicate that the statement just made by Col. Belton, that the complaint received the attention of the board, has not been confirmed in his case. I want to say further, that I thought that possibly, by sending a letter of my own in regard to this case, being perfectly satisfied as to his condition, it might strengthen his own application or request for consideration. It is quite evident that nothing has been done in this case, and I do not know whether the matter has ever reached the Pension Commissioners or not. The letter received would indicate it had been attended to, I am stating the case now so that it will not be necessary to interrupt Col. Belton when he makes his reply. Col. Belton's signature is attached, not by stamp, to a recommendation for 5 per cent, and there is also the signature of J. K. L. Ross.

My contention is that this man is anxious to work and is not a complainer or malingerer. He has a hard struggle to support himself and family. His letter indicates that he feels satisfied he can overcome his trouble by will-power eventually. After listening to Col. Russell yesterday I have almost come to the conclusion that, if he is right in his contentions, the trouble is not altogether functional, but may be organic, as a result of the wounds he had received, and of which he may not be aware, and it is very important that this man should have a further examination.

Mr. NESBITT: That would appear to be a wise thing.

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Col. BELTON: I do not know that I quite understand, but if not, you can put me right. In the first place, it seems to me that when the Minister's letter was received by the Commissioners a very full and complete reply was sent to him.

By Mr. Sutherland:

Q. That will hardly correspond with the statement you made a moment ago, that complaints would receive attention, and that branches of the Commission are being established throughout the country with a view to hearing complaints—A. Yes, quite true, but this complaint was from the Minister. The Minister brought the matter to our attention, and he received a complete reply. If it was not satisfactory, of course we would expect him to follow it up. My connection with that case would be in outlining the history of it for that letter, no doubt about that, or one of my staff.

Mr. ARCHIBALD: May I make a statement of that case? When Sir James Loughheed addressed the letter to us, I personally saw the letter and went into it very carefully. I took it up with one of the doctors, I do not know which one, and he pointed out to me that the last medical board showed a disability of 10 per cent for one month. We could not, under ordinary circumstances, grant a pension of 10 per cent for one month; we therefore granted a pension of 5 per cent for six months, which would amount to 30 per cent in all, and the man would be subject at the end of six months to medical re-examination; but according to the information which was placed before the board by that medical board, that man's disability was 10 per cent, but it would cease at the end of one month.

By the Vice Chairman:

Q. Your contention being that if the medical board were right, you gave the man three times the pension that was recommended.

Mr. ARCHIBALD: Practically. That is to say, as a total.

The VICE CHAIRMAN: Mr. Sutherland's opinion is that is not sufficient; that the man's condition has not improved.

Mr. SUTHERLAND: Physically it has, but he has those break-downs.

Mr. NESBITT: Then physically it has not.

Colonel BELTON: That is the explanation of the letter. It did not seem apparent that anything further was to be done after giving that complete reply to the Minister's letter. The description, however, has been given you, and may be reproduced again:—"During the past two weeks the soldier has been home, apparently with very marked personal benefit. He can now sleep ten or more hours without interruption; he eats well, and feels cheerful and contented, says he can walk five miles at good pace without getting over-tired; pulse 100, respiration 18, at rest; that he can go up 45 steps and his pulse will be 110 and respiration 20. Palpitation noticeable, but slow, on excitement or extra exertion. Says he has not suffered from depression in the least during his two weeks at home." As has been said, they recommend a ten per cent disability, and for a period of one month.

By Mr. Sutherland:

Q. That is while he was under the Military Hospitals Commission?—A. Yes, that is the last Board.

Q. When was the other one?—A. November 14th.

Mr. NESBITT: That looks to me as if the fault were with the Medical Board, not with the Central Board.

By Mr. Sutherland:

Q. As a matter of fact they did not examine him at all. He walked in there that day feeling very well and quite optimistic, and made his statement of the facts, which they accepted without any examination. You have the examinations of the medical

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boards, previous to that, and those would indicate that it was so entirely different that it ought to receive very careful consideration, if you have nervous specialists in the Department, in view of the statements that we had yesterday by a member of the Pensions Board, that their conditions vary so. This man's being at home, in the quiet of his own home, and coming back when he felt like it, he would naturally not be in the same condition. But what I object to in the whole matter is that no action was taken by the Board in view of the complaints that had been made by myself, and by this man to me, and he had not been notified that he would be given an opportunity of further examination, which is quite opposite to the statements you have just now made, that opportunities are afforded to those men. In this case it was not.—A. The first thing that is done is to reply to the letter of complaint and give all the information we can, and endeavour to straighten the matter out so that it will be understood. If, after that, there is no satisfaction on the part of the recipient of the letter, we expect a reply.

Q. But the reply was not sent to him?—A. It was sent to Sir James Loughheed, from whom the letter was received by the Board of Pension Commissioners. That took the same channel for reply; it would not do to take any other; it would have been a discourtesy if they had written to you and not the Minister.

Q. Do you mean to say that on a personal complaint from a soldier you are not entitled to communicate with that pensioner, but that you are going to communicate with some other source? This man complained, and I took charge of that complaint. Do you mean to say that a complaint coming from that man, no matter through which channel it comes, through the representative of the constituency, that that man is not entitled to consideration by the Pensions Board?—A. He certainly is, and the best means were taken to reach him by sending the letter back along the same line by which it came. That is the principle on which our correspondence is carried on.

Q. And not with the soldier at all?—A. Certainly with the soldier direct if he writes directly.

The VICE-CHAIRMAN: Is there any further question to be asked of Colonel Belton?

COLONEL BELTON: Another matter I would like to bring up. When we were considering aggravations we did not go into the question of aggravation of disease due to the man's own improper conduct, that is, in venereal troubles. Those differ from the others, and perhaps in legislating you might want to consider them particularly.

By Mr. Pardee:

Q. What is your course, Colonel Belton?—A. Our course now is to deal with them when they are aggravated by service, in contradistinction to the others which are aggravated while on; that is to say, if a man has an innocent trouble, and it has naturally progressed, if the same progress that would take place in our civil life continues, he is pensioned for that aggravation; but if it is one due to his own misconduct it is necessary to show that the stress of service has increased it. That is not an easy matter, but with the information that is obtainable and the medical knowledge of those cases, we handle them, and give the soldier the benefit of every doubt. There is a great difference of opinion as to whether syphilis will not go on in some cases to general paralysis of the insane under ordinary circumstances, while some of the profession hold that some stress must occur that will induce that particular manifestation of the disease. In these we give the soldier the benefit of scientific doubt, and treat him accordingly, when there has been exposure and stress of service.

The VICE-CHAIRMAN: Colonel Belton, we shall send for you again in case other questions arise.

Witness retired.

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Major J. W. MARGESON re-called.

By the Vice Chairman:

Q. You are resuming evidence which was begun a few days ago.—A. I am not sure that they took my name the other day, Major Stiff was giving evidence, and I was asked a question during his examination.

Q. What evidence are you asked to bring?—A. Major Stiff stated that he dealt entirely with administration, and the Committee wanted to get some evidence with reference to the regulations governing separation allowance, and they asked me to bring our regulations on that, and also the Order in Council under which we work, which I have done.

Q. Perhaps you would give a brief statement of the practice you have followed.—A. I produce the printed General Orders for 1917; also copy of P.C. 447, dated February 16, 1917, as amended by P.C. 2501, dated 13th September, 1917; and P.C. 2375. P.C. 2375 are our regulations, and P.C. 447 and 2501 are our powers in dealing with those regulations contained in P.C. 2375. I might say that 2375 has been amended in one particular, namely paragraph 11. As shown in 2375, the Rank and File is \$20 per month, now it is \$25; that is the only particular in which it has been amended.

By Mr. Nesbitt:

Q. What about Sergeants?—A. Sergeants and privates to-day get the same separation allowance, since the 1st December, 1917.

By the Vice Chairman:

Q. Why?—A. Well, the people throughout the country thought that as the privates comprised the greatest part of the Army it would help them out somewhat to increase it by \$5 and then it helped the administration problem. I mean to say, in England the men are reverted or get promotion from Private to Sergeant, or back to Private before we get word here and there was a great number of small overpayments that were causing a great deal of annoyances to the people and a great deal of extra work in the office, and we found we could reduce the staff a good deal by making that one change, and saving in that way what we gave in the other. Then it means that everyone except an officer to-day gets the same separation allowance. The first class, Warrant Officers, get \$30. It has worked first-rate since the change; everybody seems well-satisfied with it; no one objects to getting the \$25—none of the privates.

By Mr. Nesbitt:

Q. I see by your regulations that you can only give it in cases of sole support?—A. Yes, in regulations, P.C. 2375, we deal with six classes. The first is wife. The straight case of a wife does not come before the Separation Allowance Board; all that is needed is the production of a marriage certificate, and the district paymaster opens the Separation Allowance and it is continued here at Headquarters, when the soldier goes overseas. But there may be a case of a wife, for example, being separated from her husband prior to enlistment, or some dispute about her legal marriage, or some dispute as to her moral character, or something of that kind; the District Paymaster does not settle that case, but he sends a Statutory Declaration, completed by the wife, of which I produce a copy, he sends that forward to the Board, and the Board decide whether separation allowance shall be granted to the wife or not.

By Mr. Sutherland:

Q. In the case of a woman who had not been married at all, and had a son who was her sole support, what would be done in that?—A. Perhaps I could touch that when I get to the "sole support". You take a case where a woman is not married at all, living with a man to whom she is not married, if she has lived with him for a reasonable time prior to enlistment, and has been regularly supported by him, on a bona fide domestic basis, we treat her as a wife, and grant separation allowance accordingly.

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By Mr. Nesbitt:

Q. That was in accordance with the recommendation made by the last Committee?
—A. I think so, it has been so ever since I have been on the Board; and we find some cases where a soldier has been living with a woman to whom he is not married, separation allowance has been granted; he goes overseas; then the legal wife turns up, either in Canada, the United States or England, more particularly in England, because after he gets to England he forgets his wife in Canada and makes up to his other wife in England, and the other one wants a separation allowance, and that is why sometimes it is not granted. We keep the woman in Canada, who has suffered by the enlistment, and we look after her and her children. We have found nothing in it except the disappointment of the wife in England, and we do not have much objection along that line.

By Mr. Sutherland:

Q. That did not cover the case of the woman who was not living with any man at all and has a son?—A. The son comes under another class. That is just the wife's case I have been giving. Now, we deal with all cases of motherless children, and all that we require in those cases is a statutory declaration from the guardian of which this is a copy (Form of Statutory Declaration handed in by Witness). The only case the local paymaster deals with is the straight case of a wife; as I say, we require a statutory declaration from the guardian of the motherless children, and we require a birth certificate, or if they cannot procure the birth certificate, sworn evidence showing the age of the child, because if the boy is sixteen, separation allowance is not payable for him, nor for a girl over seventeen. When we get the statutory declaration and the birth certificate we make a note on the ledger, or, at least, Major Stiff's Department makes a note of date on which the allowance stops. We are pretty particular that the guardian that receives separation allowance shall be the one with whom the children are living; we have many applications where the children are not living with the guardian, but if they are not living with a guardian, but are in some college or convent or institution to be looked after, we recognize that fact and in that case accept the word of responsible people in the district.

Mr. PARDEE: Does the committee take up the question of pensions, or is it taking up questions of pensions and separation allowance? I am not objecting to this evidence at all, but as I understand it the committee was formed for the purpose of considering pensions and as we are within reasonable time of the closing of the session, it does not appear to me that we can take up the questions of pensions and separation allowance and make any sort of report at this session. I am just asking this question for my own information.

The VICE CHAIRMAN: (After reading Order of Reference). Only in so far as the question of separation allowance enters into the matter of pensions.

Mr. ARCHIBALD: It has reference to the matter of pensions in two ways. In the first place it has reference to the matter of pensions from the point of view that the regulations for separation allowance are not just exactly the same as the regulations for pensions, in the case of widowed mothers, fathers, etc.

The VICE CHAIRMAN: That being the case, it would be better to continue our investigation on those particular points, if you will indicate wherein the separation allowance enters into the question of pensions, we may be able to shorten up the proceedings of the committee.

Mr. ARCHIBALD: The second point is this: Because separation allowance or assigned pay is continued from three to six months till the granting of a pension to dependents; that has been found fairly satisfactory, but there are probably more satisfactory measures to be taken than the mere continuing of the separation allowance and assigned pay till the pension is granted. It has resulted in a great many overpayments being made which should not have been made, and it has resulted in a great many under

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payments being made to widows on account of the fact that the separation allowance and assigned pay is not as much as the amount of the pension the widow would otherwise have been entitled to.

Mr. NESBITT: The reason we took up this question of separation allowance is that our chairman brought it up at the request of the Premier, who asked him to refer it to this committee and gave them power to deal with it if there were any complaints as to the separation allowance. Mr. Rowell so informed the committee when it first met.

Mr. PARDEE: I would make a suggestion under those circumstances, that, as several members of the committee are not here, Major Margeson's evidence be postponed and that he be asked to attend on Tuesday morning next, when the committee will make up their mind what further action they will take, and if it should be decided to proceed with the evidence in reference to separation allowance I think it would be better to decide whether we should not make an interim report with regard to pensions which I understand is the burning question at the present time. I would suggest that the committee bring in a report on pensions this year, and have it threshed out, and hold over the question of separation allowance and assigned pay which will require thorough consideration until the next session.

Suggestion of Mr. Pardee concurred in, and committee adjourned until Tuesday next, at 10.30 a.m.

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ADDENDUM TO No. 7 COPY OF PROCEEDINGS.

P.C. 447.

CERTIFIED Copy of a Report of the Committee of the Privy Council, approved by His Excellency the Governor General on the 16th February, 1917.

650-46-1.

The Committee of the Privy Council have had before them a report, dated 13th February, 1917, from the Minister of Militia and Defence, representing that some eighty to one hundred applications for Separation Allowance are received daily. These applications emanate from dependents (resident in Canada) of soldiers who have proceeded Overseas and do not thus come through the regular channels.

The Minister submits that it is essential that such cases should be carefully considered on their merits.

The Minister states that it is often necessary to institute exhaustive inquiries as to the status of the applicant to determine whether entitled to receive Separation Allowance; that an experienced Military Official is at present dealing with these cases and by his report it is decided whether Separation Allowance can be properly paid.

The Minister further states that in addition to the type of cases referred to above, others come under review that may be classified as follows:—

(a) Reports on the conduct of a beneficiary, raising the question as to whether or not the payment of Separation Allowance should be stopped from a certain date.

(b) Reports on a change in the status or in the conduct of the beneficiary, raising the question as to whether the payment of Separation Allowance, already stopped, should be resumed.

(c) Applications not strictly coming under the Regulations (such as the application of a soldier's mother whose husband is bedridden).

The Minister, having regard to the multiplicity of issues involved in dealing with these applications, is of opinion that they should be adjudicated upon by Officials learned in the Law, rather than by a Military Officer, however experienced.

The Minister, therefore, recommends that a Board be constituted to sit in Ottawa, upon which shall rest the responsibility of considering and deciding upon the validity of all applications, not received through the usual channels, that appear to conform to the Regulations, and of preparing for submission to the Governor General in Council recommendations on all other applications, together with such a report on each case as may be deemed necessary.

The Minister further recommends that the said Board do consist of a Field Officer as President, a Captain (both capable lawyers, and, if possible, such as have returned from the Front, medically unfit) and a representative of the Canadian Patriotic Fund to be nominated by that body as an associate member in an advisory capacity only; such Board to be known as "The Board of Review on Separation Allowance".

The Minister observes that all correspondence bearing on cases coming within the jurisdiction of the Board would be forwarded by the Officer in charge of the Separation Allowance and Assigned Pay Branch to the President of the Board who would be charged with the duty of communicating all decisions of the Board to the Officer in charge of the Separation Allowance and Assigned Pay Branch.

It is anticipated that with the formation of such a Board, the course of business will be expedited to the better satisfaction of all concerned.

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The Committee concur in the foregoing and advise that authority be granted to constitute a Board as above recommended.

All of which is respectfully submitted for approval.

(Sgd.) RODOLPHE BOUDREAU.

Clerk of the Privy Council.

The Honourable,

The Minister of Militia and Defence.

P.C. 2501.

CERTIFIED Copy of a Report of the Committee of the Privy Council, approved by His Excellency the Governor General on the 13th September, 1917.

593-1-12.

The Committee of the Privy Council have had before them a report, dated 6th September, 1917, from the Minister of Militia and Defence, submitting that by Order in Council of the 16th February, 1917, (P.C. 447) a "Board of Review on Separation Allowance" was constituted to sit at Ottawa.

The Minister recommends, in view of the fact that it is considered advisable that the above mentioned Board should have the responsibility of considering and deciding upon the validity of certain classes of cases not delegated to them under the above mentioned Order in Council, that the said Board do consist of two Military Officers, and a representative of the Canadian Patriotic Fund, as an Associate Member in an advisory capacity only; that the said Board be known as 'The Separation Allowance Board and that the said Board shall have the following responsibilities and powers:—

1. Deciding upon the validity of all applications for Separation Allowance received through irregular channels.

2. Preparing recommendations on all applications not conforming to the regulations, but, which appear to the Board to be cases in which grave injustice would be done if Separation Allowance were not granted, together with a report on each case; said cases to be considered and decided by the Deputy Minister of Militia and Defence and the Accountant and Paymaster General, acting in conjunction with the said Board.

3. Deciding all cases of "Sole Support."

4. Deciding all cases under paragraphs 19, 29, 30, 33, 35 and 36, of Order in Council of 25th August, 1917, (P.C. 2375).

5. Authorizing the payment of Separation Allowance or Assigned Pay, or both, to a dependent, who, prior to the death of the officer or soldier, was not in receipt of any such payments.

6. Authorizing the transfer of Assigned Pay or any portion of it from the dependent in receipt of Separation Allowance to another dependent or to a person who is not a dependent if in the Board's opinion there are good reasons for so doing.

7. Authorizing a compulsory assignment of pay in favour of the wife or children of an officer or soldier where the circumstances in the opinion of the Board warrant such action being taken, the amount in such cases not to exceed 15 days' pay of rank, working pay and field allowance excluded.

8. Appointing an interim guardian for the children of an officer or soldier, pending the appointment of one in writing by the officer or soldier himself, satisfactory to the Board.

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9. Authorizing the continuance of Separation Allowance or Assigned Pay or both to a dependent of a deceased officer or soldier for a period not exceeding three months after the expiration of the limit fixed in paragraph 18 of Order in Council No. 2375 of the 25th August, 1917.

10. Authorizing the discontinuance of Separation Allowance or Assigned Pay, or both, to a dependent not eligible for pension and transferring same to a dependent whom the Board of Pension Commissioners consider eligible for pension.

11. Deciding all other applications and questions concerning Separation Allowance which the Officer in charge of the Separation Allowance and Assigned Pay Division may desire to refer to the Board.

The Minister further recommends that the Order in Council of 16th February, 1917, (P.C. 447) in so far as it conflicts with this Order in Council, be cancelled.

The Committee concur in the foregoing recommendations and submit the same for approval.

(Sgd.)

RODOLPHE BOUDREAU,

Clerk of Privy Council.

Submitted by

J. W. MARGESON,

Major

COMPARISON OF RATES OF SEPARATION ALLOWANCE.

(RATES PER MONTH FOR PRIVATE.)

| Dependent. | Canada. | | | Great Britain. | Australia Imperial Forces. | United States. |
|---------------------------------|----------------------|-----------------|--------|----------------|----------------------------|----------------|
| | Separation Allowance | Patriotic Fund. | Total. | | | |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| Wife..... | 25 00 | 5 00 | 30 00 | 9 00 | 10 00 | 15 00 |
| Wife and one child..... | 25 00 | 15 00 | 40 00 | 16 00 | 13 00 | 25 00 |
| Wife and two children..... | 25 00 | 18 00 | 43 00 | 21 00 | 16 00 | 32 50 |
| Wife and three children..... | 25 00 | 22 00 | 47 00 | 24 00 | 19 00 | 37 50 |
| One child (motherless)..... | 25 00 | | 25 00 | 7 00 | | 5 00 |
| Four children (motherless)..... | 25 00 | 5 00 | 30 00 | 25 00 | | 30 00 |
| Widowed mother..... | 25 00 | 10 00 | 35 00 | 9 00 | 10 00 | 10 00 |

Submitted by

T. W. BEATTY,

Major.

2nd May, 1918.

PWB—71.

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DEPARTMENT OF MILITIA AND DEFENCE.

IMPERIAL PENSION OFFICE.

OTTAWA, CANADA, May 1, 1918.

Dear Mr. CLOUTHIER—

In compliance with your telephonic request, I beg to state, for the information of the committee, that a number of men who proceeded from Canada for Service in the Imperial Army, and who are on record in this Office, are as follows:—

| | |
|--|-------|
| Army Reservists. | 2,750 |
| Mechanical Transport Drivers | 1,200 |
| Inland Water Transport, R.E. | 700 |
| Pensioners re-enlisted. | 350 |
| Total. | 5,000 |

These figures do not by any means, however, include all Canadians who are serving in the Imperial Army.

The Royal Flying Corps, Toronto, Ontario, has enlisted a very large number of young Canadians, for Service in that Unit; likewise the Inland Water Transport, Royal Engineers, have enlisted, and are today enlisting men for Service in that Unit, and who do not appear in our books whatever in any way in consequence of their not having Dependents residing in Canada, and it is really only the payment to the Dependent which concerns this Office.

You will therefore see that my figures are necessarily, very incomplete, and if we could get together all the figures, I feel sure that the number would not fall far short of 10,000.

I regret that my information cannot be more specific for the reasons which I have stated herein.

If there is any other information which it is in my power to give; I shall be pleased to place it at your disposal.

Yours very truly,

W. STOCKVALE,
Officer Paying Imperial Pensions.

V. CLOUTHIER, Esq.,
Clerk, Committee on Pension Regulations,
House of Commons, Ottawa.

APPENDIX No. 2

MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, Room 117,

TUESDAY, May 7, 1918.

The committee met at 10.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present.—Messieurs Cronyn, Green, Lapointe (St. James), McCurdy, Nesbitt, Nickle, Pardee, Parent, Power, Redman, Rowell and Sutherland.—12.

The committee considered the following communications received:—

(1) Letter from the Director of Records (Col. Houston), *re* certain records requested by the committee,—Further consideration deferred to await further information.

(2) Letter from the Officer Paying Imperial Pensions (Mr. W. Stockdale), with copies of British Army Orders, 1917, accompanying same,—Ordered that said communication and quoted references with letter from the committee clerk to Mr. Stockdale, be printed. *See Addendum (b)* in No. 8 proceedings.

(3) Excerpts of a lecture delivered by Col. Sir John Collie, M.D., A.M.S., *re* "Neurasthenia and Allied Disorders".—Ordered printed. *See Addendum (a)* in No. 8 proceedings.

The committee, on resuming the enquiry in respect to the subject of separation allowance in its relation to the subject of pensions, resolved to proceed with further evidence. Major Margeson was accordingly recalled. Further evidence given by Col. Belton, in respect to the disability pensions of Col. Labatt and Lt.-Col. Bradbury, was also considered.

Mr. Nesbitt moved, seconded by Mr. Redman, that the clerk of the committee be instructed to request the printing of additional copies of Nos. 1, 3 and 6 proceedings and evidence of the committee.

The committee then adjourned until Wednesday, 8th May, at 10.30 o'clock, a.m.

V. CLOUTIER,

Clerk.

N. W. ROWELL,

Chairman.

8-9 GEORGE V, A. 1918

MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,
Committee Room No. 117,
TUESDAY, May 7th, 1918.

The committee met at 10.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Major J. W. Margeson, recalled.

By the Chairman :

Q. There were some points raised with regard to pensions. What have you to say in regard to that matter?—A. The only point where the Board which I represent deals with pensions is that under P.C. 2375, which I laid on the table the other day, separation allowance and assigned pay is continued after the death of a soldier for three months. Then if pension is not granted at the end of three months, the Board of Pension Commissioners make a request to the Separation Allowance Board, and we have power under P.C. 2501, which I laid on the table the other day, to continue that separation allowance and assigned pay for three months longer. In other words, separation allowance and assigned pay can continue for six months if pension is not granted in the meantime. That is the only connection I had with pensions. We want that remedied. What the Branch desires, and what the Paymaster General and the Board desire, is that at the end of the month, when the casualty is reported,—not when it took place, because it may not be reported for three months afterward—separation allowance and assigned pay shall cease in the Separation Allowance and Assigned Pay Branch, and the Pension Commissioners shall immediately take this case over, and that we will have nothing to do with the account either as a branch or as a board.

By Mr. Nesbitt :

Q. They are very slow in taking it over and giving the pensions. What is the poor man to do?—A. It is up to them not to be slow. It will only be an interim pension, pending the final pension. I might explain to you how the present arrangement works out very badly. The separation allowance and assigned pay continues for three months automatically, and they ask us to continue it for three months, or until the pension is granted. The pension is granted, and notice does not reach the Separation Allowance and Assigned Pay branch. We continue payments for a month or two, until the error is discovered. You have therefore an over-payment, and you have to write to the woman to see if it can be recovered, or taken out of the pension, and this always causes hardship and trouble to the person concerned and to the public. We had a conference with the Pensions Branch, and they are willing, if we will continue for two months after the casualty is reported, to take it over themselves after the two months period. We submit that two months is no better than three months. We are no further ahead than we were before. We might as well go on for three months as for two, and we submit that if they can take it over at the end of two months, they should take it over after the casualty is reported, as it is not a matter of assigned pay and separation allowance at all.

Mr. PARDEE : Is it not all a matter of regulation?

The CHAIRMAN : The order-in-council covers any matter relating to pensions.

The WITNESS : Your Committee could decide from what date the pension should start. Pension does not start from date of death under this arrangement. It starts when we stop the separation allowance and assigned pay. We submit it should start from the time of the casualty report.

APPENDIX No. 2°

By Mr. Nesbitt :

Q. Dated back from the day of death, or the day it was reported to you?—A. We carry it on until the end of the month when casualty was reported. I might say that in a case where there is no separation allowance in force, assigned pay drops automatically, and if a woman desires a pension she has to apply herself. Pensions do not take the initiative, but in a case where separation allowance and assigned pay are both in force, it goes on automatically, and the Pensions Branch send out an inquiry to the beneficiary.

Q. If a person is given assigned pay and separation allowance, does that go on?—A. Yes.

Q. Supposing the party is not getting separation allowance does it go on?—A. No, assigned pay stops from date of casualty, if the soldier is missing, because assigned pay is a portion of his pay.

Q. Supposing he is reported prisoner of war?—A. It goes on.

Q. Men are often reported missing and afterwards reported prisoner of war?—A. Assigned pay stops automatically if soldier is missing, but if he is found to be a prisoner of war or returned to duty it starts again. That is the rule in all cases. I do not say that they have not made mistakes. In some cases they may have made mistakes and have not followed that rule, but that is the fault of the system and not the fault of the regulation.

By the Chairman :

Q. That is the point you wanted to explain to us?—A. Yes. In the Branch or Board, we do not wish to deal with pensions when the casualty is once reported. We desire Pensions to take the payments over, as I have stated.

By Mr. Nickle :

Q. There is a point we should deal with, but I do not know how deeply you can go into it, and that is the order. Separation allowance is only ordered to a dependent as distinct from a wife where there is a sole dependent?

The CHAIRMAN: Mr. Margeson explained that the last day.—A. I was just going to deal with that, and objection was taken to it.

Q. If you do not go any further, I think a hardship will result just the same as under the pension regulations.—A. In the old days, in 1916, when a person was killed or missing, assigned pay automatically stopped and separation allowance went on for three months, and that caused a hardship. Under P.C. 508, passed about a year ago, separation allowance and assigned pay was continued, not for three or six months, but for an indefinite period. We then passed P.C. 2375 limiting separation allowance and assigned pay to three months.

By Mr. Nesbitt :

Q. A woman has an income of \$250 from an investment. Both sons enlist, and the one son assigned \$16 per month, and they write her that they think she has enough with \$250 and the \$16 per month, and they do not give her separation allowance. I do not think any woman can live on \$250. Have you authority to deal with that question on a reasonable basis, and not on the idiotic basis suggested in that letter?—A. I do not know what you mean by an idiotic basis.

Q. No woman could live on that amount.—A. Before I could deal with any case in particular, I would have to have the file. We settle everything by statutory declarations. It may be when the declaration comes in it will show that neither of these soldiers ever gave her a cent in their lives.

Q. That is absolutely true. She sold her farm, which was mortgaged, and she spent the money educating the boys. Before they began to earn money they enlisted and went to the front.—A. I would have to speak generally in regard to the case; I could not speak specifically. So far as we are concerned we interpret the expression

[Major J. W. Margeson.]

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"sole support" pretty liberally. That is to say if a woman has a small income and the boys were doing the best they could to help her or if they were not of an age that they could help her, or if they were in college, where they were not in a position to help her, we take all the circumstances of the case into consideration. We get what reports we can from the Patriotic Fund or Soldiers' Aid Commission, and we take all into consideration and decide whether it is a case of "sole support" under the regulations.

By Mr. Nickle:

Q. Why do you use the word "sole" if it does not mean sole?—A. We could not find a better word to use. When we were making the regulations we talked it over with you. In England they use the word "main," but I have a statement showing we give certain assistance to the family which they do not give in England. I have had Major Beatty make up a statement of the practice in Great Britain, Canada, Australia and the United States, to show that under our system of sole support, the woman, the children, the family are much better provided for than in any country in the world, and we have the figures to prove it. There may be a few cases of hardship. If there are cases of hardship, we have the Patriotic Fund to meet such cases.

Q. Are you construing the word "sole" as meaning "to a material extent"?—A. Yes.

Q. Why do you not say so?—A. We could not get a better word to cover it. "Material extent" is not a good legal expression. We have applications coming in now claiming that a widow is sole support, when such is not the case. Many claim main support and a good many claim sole support. We threshed it out last year, and had conference after conference, and we decided as a board we would construe that word "sole" liberally, and I must say that we have had mighty few complaints concerning it, considering the number of applications.

By Mr. Nesbitt:

Q. Personally I might say if you have the authority to deal with a case of that kind, I have no objection, but if you have not authority I would like to see you get it?—A. We have authority to deal with a case like this, if we come to the conclusion that these soldiers, the two together were her sole support, or practically her sole support.

Q. I understand they were all the support she had.—A. I agree that this is an idiotic letter. I do not know who wrote it. It was written by some clerk. We make our decision as a Board and the letters are sent out from the Branch, written by the dictation staff. The expression, "enough to keep you in comfortable circumstances" is an idiotic thing to write, but we must not be held responsible for the letters that go out from the Separation Allowance and Assigned Pay Branch. Mr. Stiff, the Director of S. A. & A. P., has the whole dictation matter under close observation, and I feel sure there will be very little complaint in the future in regard to the type of letter written.

Col. C. W. BELTON recalled.

By the Chairman:

Q. Kindly give us the medical reports upon which the pension was granted to Col. Labatt. Take it in chronological order. Was the question of his health on enlistment before you when you considered the pension?—A. Nothing appears on this file in regard to the condition of Col. Labatt's health on enlistment, unless it may be expressed by some of the medical boards which were held.

By Mr. Nickle:

Q. By what method of reasoning did you reach the conclusion that when he enlisted he was not troubled with the complaint which subsequently incapacitated him?—A

[Major J. W. Margeson.]

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We know that the officer was examined at the time of his appointment and pronounced fit. Unless otherwise stated, we assume he was fit.

Q. That is not the position that has been taken in regard to the soldier. The position taken with regard to the soldier was that any disability he was suffering from prior to enlistment, even if he were found fit as a soldier, must be deducted from his pension when he is discharged?—A. Yes.

Q. Why not apply the same principle in a case like this?—A. We do.

Q. How did you do it if you had not the file before you?—A. In this case he is given a commission. There is nothing stated as to whether he is in good health or not, but he must be in good health to get the commission. We know that but we have no statement of it.

By the Chairman :

Q. You do not have the same statement in this case that you have in the case of soldiers where you grant a pension?—A. Not exactly, but in every case where the soldier is taken into the service he is taken in as fit.

Q. In what respect does your record here differ from your record in the case of a soldier?—A. There is nothing on record regarding the original examination of Col. Labatt.

Q. Do you have that record in the case of a soldier?—A. Yes.

By Mr. Pardee :

Q. Why do you not have it in this case?—A. It is not the practice to put it on the files. That is all. When he gets his commission it is certified on the commission that he is in good health.

By Mr. Nickle :

Q. Would you not when granting pension, ask for it, no matter what the practice was? Would you not ask for the record?—A. No, not in this case.

Q. Why not?—A. We see no reason for it. It could contain nothing else but that the man is in fit health.

By Mr. Pardee :

Q. Is there any difference in the granting of a pension to officers and the granting of a pension to men?—A. Absolutely none.

Q. Do you have exactly the same information for officers as for men in the consideration of the pension?—A. Exactly.

Q. When you consider a man's pension as you have told this Committee, you take the disability that he may have been suffering from prior to enlistment into consideration, in the granting of a pension to that man?—A. Yes.

Q. In the case of an officer, do you do the same thing?—A. Yes.

Q. Where do you get the information regarding a man's disability prior to enlistment?—A. From the medical board.

Q. Do you get the same information from the medical board regarding an officer?—A. Exactly.

Q. Where is the information regarding Col. Labatt?—A. Right here in this file.

By Mr. Nickle :

Q. When you consider a man's pension do you have his attestation papers before you?—A. Not always. We expect them eventually to be put on the file, if they are not there and sometimes we require them, because the questions of age and questions of date of attestations are matters for us to consider.

Q. And condition of health at the time of enlistment?—A. No, because that is always complete. Sometimes identification may be proven by the papers.

Q. In a man's attestation papers he is asked the question, "Did you ever have syphilis?" That would show on his attestation papers?—A. Yes.

Q. In regard to an officer is there an attestation paper?—A. No.

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Q. The difference is that in the case of a man there is an attestation paper which shows his health at the time of enlistment?—A. Yes.

Q. In the case of the officer there is no such document?—A. None, excepting his application for commission, which contains a certificate.

Q. But it is not as full a statement of his condition of health as the attestation papers of a man?—A. That question you speak of is not referred to.

Q. An officer might have been suffering from some latent diseases prior to enlistment and be taken on strength, and no consideration would be given to that in the granting of his pension; nothing would show at all on his attestation papers, or nothing would show on his previous examination. For instance, we have heard here that in the case of the ordinary soldier he is asked the question as to his having had rheumatism prior to the time he went in. He is taken on the strength. The disease is aggravated. When you come to grant his pension it is taken into consideration that this man is only damaged to such an extent by reason of the fact that he was suffering from something before he enlisted?—A. Yes.

Q. Is there anything of that kind in connection with the officer?—A. There is nothing of that kind in either case. If a man were suffering with these conditions he would be rejected.

Q. Have you not taken hundreds of men that were suffering with these diseases and given them pensions?—A. Yes.

Q. And deducted from their pensions accordingly?—A. Yes.

Q. Do you do that with the officers?—A. Yes.

Q. What is there in this case to show whether Col. Labatt was a first class risk prior to enlistment. (No answer).

By Mr. Cronyn:

Q. Do you not get a knowledge of a man's prior condition, not from his attestation papers, but from the medical board which examines him after his disability has occurred?—A. We get it from the medical board always.

By Mr. Nickle:

Q. But in the case of a man you have his attestation papers produced and examine them?—A. Only if some other question arises in regard to age or date.

Q. If some question arises you can get his attestation papers?—A. Yes.

Q. And they are supposed to show his condition of health prior to and at the time of enlistment?—A. It invariably shows his health is good or he would not be enlisted.

By the Chairman:

Q. What do the attestation papers show in reference to a man's health at the time of enlistment?—A. The attestation papers, as far as the medical part is concerned, give a man's height, weight, complexion, and the colour of his eyes and hair. It is largely for identification, and then it gives the scars and marks or anything of that kind by which he might be identified, and it contains a certificate that the man has been examined, and that he is physically and mentally fit for the duties of a soldier.

Q. Does it contain any question as to diseases which he may have suffered from prior to enlistment?—A. There is such a question now, and that question was suggested by myself to be put on the paper.

Q. How long since that was put on?—A. Just what its later form is I am unable to say. Mr. Nickle says syphilis is included.

Mr. NICKLE: No, I do not know.

WITNESS: Well the man is asked if he had an attack of epilepsy, because that is a thing a medical man could not find out for himself; and rheumatism—those are the only things I remember.

[Col. C. W. Belton.]

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By Mr. Nickle:

Q. Does not the original paper, if a man made the statement, "I occasionally had bronchitis", show that? Does it not appear that the man had bronchitis, and perhaps the words "not material", or slight varicose veins,—not material? Did that not appear on the man's paper?—A. Yes, it might, the varicose veins would, but not the bronchitis. They would appear as slight defects but not sufficient to reject him.

Q. The attestation paper shows the man's condition at the time of enlistment, and also the disabilities from which he is suffering provided the same were not sufficient to disqualify him from being a soldier?—A. Yes, it should.

Q. And it did?—A. In most cases it did.

Q. In the officer's case, did anything of that sort appear?—A. No.

Q. In the case of the officer there is no attestation paper, and that would not appear?—A. No.

By the Chairman:

Q. Then you have not the same material in dealing with an officer that you have in dealing with a private, because you have not got his attestation paper or anything corresponding to it?—A. No.

Q. Just tell us what you have in this particular case.—A. On 26th January, 1915, the Board reports that:

"He has suffered occasionally from a duodenal ulcer of many years standing, and that a severe hemorrhage occurred from it two weeks ago, with malaena following, and that it would be unsafe for him to proceed to the front."

Then a medical board was held at Osborne, Isle of Wight, 17th June, 1915, and the report says that they proceeded to examine the above-named officer and find that:

"Last February he had a gastro-enterostomy performed and went to France on 13th May. About a fortnight ago he complained of shortness of breath and palpitation and was sent to the hospital where V.D.H. was diagnosed. He has marked aortic regurgitation with dyspnoea on exertion. Has been an athlete but has never had a sign of heart trouble before present attack."

Q. What is "gastro-enterostomy"?—A. Operation opening into the stomach and bowels.

By Mr. Redman:

Q. Do you know what Col. Labatt did in France?—A. No.

By Mr. Nickle:

Q. He had an operation for an ulcer?—A. I think so.

By the Chairman:

Q. Give us the names of the medical board which examined him on 26th January?—A. R. Mayrand, Capt. C.A.M.G., G. W. Ogilvie Dowsley, Capt. C.A.M.G., J. H. Montgomery Bell, Lt Col. A.M.C.

Q. That relates solely to this ulcer of the stomach?—A. Yes.

Q. There is nothing in the report of the first board touching the heart trouble?—A. No.

Q. It relates solely to the stomach trouble?—A. Yes. Here are some of the questions which were answered in the second report:

"Is the officer fit for general service?—Ans. No.

"If not so fit, how long is he likely to be unfit?—Ans. Permanently.

"If unfit for general service, is he fit for service at home?—Ans. No.

"If not so fit, how long is he likely to be unfit for service at home?—Ans.

Three months.

[Col. C. W. Belton.]

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"If unfit for general service at home, is he fit for light duty at home?—
Ans. No.

"If not so fit, how long is he likely to be unfit for light duty at home?—
Ans. One month.

"Was the disability contracted in the service?—Ans. Yes.

"Was it contracted under circumstances over which he had no control?—
Ans. Yes.

"Was it caused by military service?—Ans. Yes.

"If caused by military service, to what specific conditions is it attributed?
Ans. To active service."

In the report of January 26th, 1915, he is asked:

"Is the officer fit for general service?—Ans. No.

"If not so fit how long is he likely to be unfit?—Ans. Six months.

"Was the disability contracted in the service?—Ans. No.

"Was it contracted under circumstances over which he had no control?—
Yes.

"Was it caused by military service?—No."

Q. What is the next?—A. The third is the board at Hamilton, 6th October, 1917, and I find the following questions:

"Disease of disability?—Dyspnoea.

"What is that?—Breathlessness.

"Date of origin?—June, 1915.

"Place of origin?—France.

"Cause?—Poor tone of heart muscle.

"Present condition?—This officer becomes short of breath upon slight exertion. He cannot walk briskly at all. Upon walking at a moderate pace for 100 yards he is quite out of breath. He cannot go up stairs without resting on the way. The heart is enlarged outward and downward, and point of maximum impulse is in sixth interspace one inch outside of nipple line. The cardiac rythm is irregular. There is a murmur at aortic valve, regurgitant and diastolic."

By Mr. Nickle:

Q. Is this weakness of the heart and this enlargement of the heart a matter of development, or does it occur spasmodically, if I may use that word?—A. It is a matter of development.

Q. How long does it ordinarily take a case of that kind to develop?—A. It may be many months, or but a short time.

Q. What would you mean by a short time? Weeks or days?—A. Days perhaps.

Q. What is the cause of it?—A. Want of tone.

Q. What brings it on?—A. It may be associated with any debilitating cause, many of the acute affections such as typhoid fever and scarlet fever.

Q. They do not occur in this case?—A. No.

Q. In other words, can a man in normal health one month be a total wreck from this complaint in another thirty days?—A. Yes, in less time than that.

By Mr. Nesbitt:

Q. What is the date of that second examination which you read first, where he was found to have heart trouble?—A. That was in June while the other was in January.

Q. This last examination says he contracted it in June, 1915.—A. Yes. The first examination was 26th January, 1915, and the second one 17th June, 1915.

[Col. C. W. Belton.]

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Q. The third one says he contracted in France in June when you say he just had an examination in June. The statements seem to clash.—A. There is another board 17th July, 1915, after his return from overseas.

By the Chairman:

Q. Try and get them in chronological order?—A. The board report that he has been invalided home from service in Flanders, suffering from exhaustion and heart weakness. Then there is the statement: "The opinion of the board upon the questions herein is as follows:

"1. Is the officer fit for service?—No.

2. If not so fit, how long is the disability likely to continue?—For active service overseas, permanently; for home duty till 1st September next, but could be employed for light duty, such as lectures and so forth very shortly.

3. To what extent does it prevent his earning a livelihood?—Full extent."

That is signed by George Acheson, Lt.-Col., 1st Inf. Bde., Act. M.O.; C. A. Warren, Major, A.M.C.; John W. McCullough, Major, A.M.C.

Q. Are there any questions and answers in this board similar to those you read us in the earlier board?—A. I read them all in this board.

Q. Are there any others in this board of 1917?—A. I had not completed the description when Mr. Nickle asked the question.

By Mr. Pardee:

Q. Description of what?—A. Of the present condition from this last board.

Q. What is the date of that?—A. October 6th, 1917. The board continues:

"There is a murmur at aortic valve, regurgitant and diastolic in time. The apex beat is heaving and diffuse. There is some cyanosis. Cardiac muscle tone is very bad."

Q. What is cyanosis?—A. Blue from bad circulation. The board continues:

"Disability is weakness and necessity for complete rest."

By the Chairman:

Q. Will you put that in every-day language for us?—A. The dyspnoea on slight exertion is apparent in this gentleman; he cannot walk briskly at all; upon walking at a moderate pace for 100 yards is quite out of breath; cannot walk up stairs without resting on the way. The heart is enlarged outward and downward. I read the description to you. That simply goes to show that the heart is outward and downward because the natural place where the apex beat is has passed from its normal position towards the left. It shows the heart is enlarged. The enlargement may be hypertrophy, which is a thickening of the muscle tissue of the heart, and increases the power and strength of the heart, or it may be from dilatation, in which the hollow part of the heart the auricles and ventricles are enlarged and the muscular tissue of the heart is weakened, which is a much more serious condition of course.

Q. Are you able to tell from looking at the three boards the one held before Col. Labatt left England for home, the one after he returned home and the Hamilton board, whether his condition was worse in September, 1917, or better than when he left England, or immediately after he returned home?—A. These earlier boards are by no means as complete in their description as they should be. It is impossible to tell just what change has taken place. The first board that speaks of the heart affection simply says:

"Aortic regurgitation with dyspnoea on exertion," which means that the blood, instead of being driven out of the heart into the aorta which is the main vessel which carries it into the system, on account of valvular weakness the blood comes back, like a defective pump, while in a normal heart, it is prevented from coming back by the action of the valve.

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By Mr. Nickle:

Q. It is commonly known as valvular disease of the heart?—A. Yes.

Q. Now, having read these reports of medical men, would you be prepared to say that in your opinion the disabling condition developed subsequently to his enlistment, and was not an aggravation, but a distinct disability, incurred subsequent to his becoming a member of the Canadian Expeditionary Force?—A. That is a pretty hard question to answer, and I would think that it might have something to do with the liability of the heart to break down under service.

Q. Would you say this was only an aggravation?—A. No, I would not say that.

Q. Say one thing or the other.—A. I have no reason to believe he had any disability up to that time.

Q. Up to what time?—A. Up to the time when the gastro-enterostomy was performed.

Q. You think that was what brought on the heart trouble?—A. No, I do not think directly it brought on the heart trouble. It may have been a contributor to some extent.

Q. In your opinion this disability was all incurred subsequent to enlistment?—A. As far as the information goes.

Q. From that record?—A. Yes.

By the Chairman:

Q. Have you any further boards on your file?—A. I may say that on the information I have already given you a pension was based. He was given Class 1 pension.

By Mr. Nickle:

Q. What medical officer signed that?—A. The recommendation was signed by Col. Philp.

Q. Is he a member of the staff?—A. Yes, and it was initialled by myself. Evidently he brought the case to my attention.

Q. Your opinion to-day confirms your finding on that report?—A. Yes.

Q. Whose signature is affixed to that as Pensions Commissioner?—A. J. K. L. R. per, somebody else.

By Mr. Pardee:

Q. Is he the only one?—A. Yes. These are copies of course. It is per "C. D." or "G. D."

Mr. ARCHIBALD: The original goes to the Auditor-General; he keeps it.

By the Chairman:

Q. Is there a further board?—A. Yes, there is one more. It is customary to make re-examinations in these cases. The first pension was given for a period of six months from October 16, 1917.

By Mr. Nesbitt:

Q. That is the date of it?—A. Yes, but before that period had elapsed another board was held. The medical board were given the information that was already on the file.

By Mr. Sutherland:

Q. What is the date of that?—A. 27th March, 1918. Might I explain the reason of this from my knowledge, aside from what is on the file?

Q. Yes.—A. Col. Labatt spoke to me about this matter. He said there had been criticism regarding it, and he said he proposed to ask Gen. Fotheringham, Director General of Medical Services to nominate a board for his examination, so that he would have a board that would have no connection whatever with the Pensions, and I told him I thought that was a most desirable thing under the circumstances. It was consequently done.

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Q. Who were the board?—A. I. H. Cameron was the president, and there was Col. J. D. Courtenay, Lt.-Col. D. M. McGillivray, and Lt.-Col. Clarence L. Starr. These gentlemen are on the Board of Consultants of the Militia Department.

Q. Col. Cameron is Chairman of the Board of Consultants?—A. Yes. Their description is as follows:

"His heart is very definitely enlarged to the left, extending fully an inch beyond the nipple line. The cardiac impulse is very diffused, and the apex beat not definable. Impulse in the neck marked. Pulse slow and very irregular. The heart sounds are of poor quality, indicating marked impairment of the heart muscle. The adventitious sound are a murmur, systolic in time, best heard at the apex, and along the left sternal margin, well transferred from the apex into the left axilla and easily audible at the lower angle of the scapula, the radial artery is slightly thickened. Systolic blood pressure 210, diastolic 140. Albumenia present.

3. To what extent, if any, has disability diminished or increased since last examination?—Not at all.

4. Will it materially increase or diminish?—No.

3. Is the disability permanent?—Yes.

6. The entire disability—without regard to his regular occupation, to what extent is the capacity lessened at present, for earning a full livelihood in the general market?—100 per cent."

By Mr. Nickle:

Q. Do they make a finding as to whether or not this disability was incurred during service or prior thereto?—A. They make no remark about that.

Q. It is just a statement of the present condition?—A. Yes.

By Mr. Nesbitt:

Q. Will you tell us who signed the order for the pension for J. K. L. Ross?—A. It is simply an initial. I cannot make it out. These copies are not very distinct. It looks like "G. D."

By the Chairman:

Q. Upon the boards as presented there, is there any question that as far as the present condition is concerned, it is a case of total disability under pension regulations?—A. Undoubtedly.

Q. And what you say as to prior condition is that there is nothing in the record to show any disability prior to enlistment?—A. Yes. You must understand that when one speaks of a man's whole life leading up to a condition that may come about, that that is too indefinite a thing to be taken into consideration. We know that certain diseases arise because of conditions that have begun in early youth, possibly, but that is too remote a thing to be taken in. There must be some definite thing established as existing before enlistment.

Q. How do you draw the line in dealing with pensions between what you describe as a general condition, giving the course of life, and these causes which you cannot take into account in awarding pensions, and those cases where you are enabled to take the prior condition into account in awarding pensions? How do you draw the line between the two?—A. Amongst the causes for heart affection, one of the commonest is rheumatism, and where there have been before enlistment one or more attacks of rheumatism, and of a pronounced nature, there would be a suspicion that the heart affection is due to that. In most cases where we speak of aggravation of that sort, the pensioner has admitted that he was told his heart was affected at that time. This information is given of course when he is first taken sick overseas. It is often denied later. One can quite understand how that might be.

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By Mr. Nickle:

Q. Col. Labatt suffered from this ulcer overseas. Before entering the service could that in anyway affect his heart or would it indicate his heart had been affected?—A. It might not have affected it in the least.

Q. Would it indicate anything?—A. No.

Q. There would be no connection between this ulcer and the heart?—A. No direct connection.

Q. Or indirectly?—A. Very remotely, any debilitating thing affects the whole system.

Q. If he had this ulcer overseas, would it be likely to affect the muscular structure of the heart?—A. That is too much a refinement for me to say.

Q. The first report says that he has suffered occasionally from a duodenal ulcer of many years' standing. Would that in any way affect the heart?—A. If it had affected the heart its effect would have been apparent in the man's general condition.

By Hon. Mr. McCurdy:

Q. Could you put it the other way around? Would an ulcer be apt to develop in a system which had a poor heart action?—A. Well, poor circulation is one of the contributory causes and has always to be taken into account, but one would be going out of the way to reason in that way. My opinion was based on the information contained in that file as interpreted to me by the medical officer who went over it, and on that I was satisfied that he was a Class I pension.

By Mr. Nickle:

Q. Knowing Col. Labatt's present condition, being well acquainted with the man and his condition, and with that file and the information before you, are you prepared to state to this committee that he should under the present pension regulations be given a total pension in respect to a disability that was not an aggravation, but resulting subsequent to his becoming a member of the C.E.F.?—A. Yes, sir.

By Mr. Nesbitt:

Q. At the time of the first examination in January, where they operated on him for that ulcer, if his heart was bad, should they have discovered it?—A. I should think so.

Q. And they should have made a note of it?—A. Surely.

By Mr. Pardee:

Q. Would you in case of a man enlisting take into consideration in awarding a pension or in the deduction therefrom, by reason of previous aggravation, the fact that a man had suffered from an ulcer for a number of years?—A. With regard to disabilities—and I can only go over what I said in commencing my evidence—if a man had disability, it makes no difference what his history had been, if he had a disability,—that is if he was unable to do something that a normal man should be able to do by which he would earn a livelihood,—he then had a disability. If that condition was not there he had no disability. This thing had no doubt produced in Col. Labatt a disability at the time he was operated on which was a weakness. I think there would be digestive trouble, poor assimilation and poor nutrition and some degree of weakness from the ulcer at the time they operated on him.

Q. Would it continue after the operation?—A. There would be a period of convalescence.

Q. I mean in his every-day life?—A. No, not after that.

By Mr. Sutherland:

Q. But the board, when they had the operation on him, recommended that he should not be fit for further service overseas?—A. The first board simply referred to the [Col. C. W. Belton.]

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fact that he had a duodenal ulcer of many years' standing, and that a severe hemorrhage occurred from it two weeks ago, with malaena following, and that it would be unsafe for him to proceed to the front.

Q. That was previous to the operation?—A. Yes.

G. But the board which operated on him?—A. That next board is after the operation.

Q. The one you have just read?—A. No, that is before. The next was after. Would you like some information about that?

Q. Yes.—A. The opinion of the board upon these questions is as follows:—

“Is the officer fit for general service?—No. (b) If not so fit, how long is he likely to be unfit?—Permanently.”

Q. The other board points out that this ulcer was the result of growth of long standing, and the next board says he is permanently unfit for service, and in view of those conditions, he should not go to France.—A. It is based on their finding where they discovered the condition of the heart—aortic regurgitation.

Q. You do not know how long he was in France?—A. No, I do not know.

Q. What is the date of the board where they say he will not be fit for further service?—A. Fit for general service in six months.

Q. No, the one which states that he is not fit for service overseas?—A. 17th June, 1915. In this case of Col. Labatt, and in all other cases, we depend upon the description and largely upon the advice of the medical board, when they advise as to condition. It is up to us to recommend the award, but we must depend upon medical boards outside, and if we were to require any more definite information about him, we would return the report to the medical board to get it.

By the Chairman:

Q. Do you ever send for a prospective pensioner and ask him to appear before your board?—A. Never.

By Mr. Nickle:

Q. Why was Col. Labatt's standing in the C.E.F. brought in question after he had been reinstated and shown as seconded for service?—A. It only appears that he was desirous of being continued in the C.E.F. simply that he desired to have an extended service in this war, I suppose.

Q. Why was he retired again? On whose initiative was action taken?—A. I think it was on the advice of the Judge Advocate-General. I was going to speak of this aspect of it: That is to say, the finding of that medical board was to the effect that Col. Labatt should have complete rest. That was something he did not take. We have that difficulty oftentimes. Would it be possible to legislate so that if men were given a pension because of the necessity for complete rest, that they should take that complete rest?

By the Chairman:

Q. What penalty would you suggest if they do not?—A. I leave that to you gentlemen. It is a difficult question we have oftentimes. Supposing a man is tubercular, he goes into an occupation which is detrimental to him. Lots of our tubercular cases are 100 per cent disability, and they go to work at something that injures them. It is not that they have not the strength to do it, it is that they must not do it on account of their physical condition, because it prevents them getting better, and they get worse. I spoke to Col. Labatt personally about this matter. I considered him a sick man right along. I did not know his condition as it was expressed by the medical board, as I had not examined him. I was alarmed about it then. I urged him to take complete rest, and at the time he said his fellow commissioners were overseas and it was impossible but just as soon as they returned he would take his rest. I felt particularly strongly about him, and I felt much exercised, because we had a gentleman associated

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with us up there on the medical staff who is dead and gone now who simply killed himself by carrying out the work that was there to be done, under the same circumstances—heart affection.

By Mr. Sutherland:

Q. The recommendation that this man should be compelled to take rest is one that should be given consideration but a great deal would depend upon the number of medical boards the man appeared before. The case I referred to the other day was that of a man who went over with Col. Labatt, and it shows the different treatment certain individuals in a battalion may receive and the treatment accorded certain officers. This man after three years' service is recommended for a furlough of six months by the British board. He comes over here, and six months' furlough is also recommended by the Canadian board; with full disability, sent home for two weeks, and he comes back, and another board says he will be all right in a few weeks, but unfit for military service. What can you make out of findings of boards of that nature? The commissioners act on the finding of that board and the man is turned off with a pension of \$2.66 a month, and has to go to work, and can only work a certain time, with the result you have just predicted, that he may recover, and he is in a worse condition than before.—A. I would not predict it in a case of that kind. He was a good deal better working than not working. He would be better in Col. Russell's hands and would have that idea knocked out of his head, or he would be persuaded out of it.

Q. He has not the chance to get in Col. Russell's hands. He was discharged from the service.—A. We are getting wiser every day.

Q. He was before the board from month to month, and no action taken.—A. I think every action was taken.

Q. In the case of his superior officer every possible latitude was given with 100 per cent disability. He is one of the men responsible for the fixing of pensions and is drawing a salary such as we hear of.—A. Under the regulations.

By the Chairman:

Q. You have the file of Hon. George H. Bradbury there?—A. Yes.

Q. Give us a record from the file, chronologically, if you can.—A. It is difficult to do that as they do not occur chronologically here. There appears to be only one medical board on this, so there is no difficulty about that. It is here in duplicate, dated January 21st, 1918. I find the following:—

“(8) Disease or disability?—Angina pectoris.”

By Mr. Nesbitt:

Q. What is that?—A. Pain in the breast.

Q. I often have that.—A. The next question is:—

“Date of origin?—November 1916.

Place of origin?—England.

Cause?—Unknown.

Present condition?—Apparent physical condition good. This officer complains of daily precordial pains which occasionally goes down the left arm, gets short of breath very easily, often having to rest a couple of times in walking one-half mile, also has precordial pain at these times. Mental excitement will also induce condition. Lungs negative. Heart not enlarged. Systolic blood pressure 145. Diastolic 110. Pulse rate 60 per minute—urine normal. Pain at times is sharp.”

By Mr. Nickle:

Q. What is meant by “lungs normal”?—A. It means there is nothing abnormal to record. The description continues:—

Pain at times is sharp and stabbing out, but as a rule is of a dull dragging character and may last two or three hours, also feels very nervous during these

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attacks. This officer has not been discharged as yet, and has been on leave without pay since December 24th, 1916. While at Camp Hughes in August, 1916, found he had a high blood pressure (systolic 170 m.m.) Reached England September, 1916, and in November, 1916, had first attack of pain in chest which he thought asthmatic in character. End of November, 1916, went to France and had pain at all times, remaining only two weeks, and reached Canada December 24th, 1916.

Then I find the following questions.

(11) To what extent, state in percentage, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined?—75 per cent.

(12) Did the disability arise on or off duty?—on duty.

(13) Was a court of inquiry held?—No.

(14) If the disabling condition had its origin before enlistment, has it been aggravated on service?—Officer says, never ill.

Q. What does the medical board answer?—A. This is the officer bringing forward the case and the medical board's opinion comes after. The recommendation made is:

That this officer be discharged. I am of the opinion that this officer's age and most probably high blood pressure was a predisposing cause to this condition.

The medical board recommend—

This board is of the opinion that this disability reduces this officer's earning capacity 75 per cent in the untrained labour market for six months, two-thirds of this disability is due to aggravation by service. He is carrying out treatment under his own physician and will require treatment for six months.

Q. That would give him a 50 per cent pension would it?—A. Yes.

By the Chairman:

Q. Who are the medical gentlemen?—A. G. S. McCarthy, A. F. MacLaren and J. H. Laidlaw, of Ottawa.

Q. Who is the medical officer whose report went before this board?—A. J. Fenton Argue, Lt. Col.

By Mr. Sutherland:

Q. Was this considered a case where further treatment would be considered beneficial?—A. Yes, he was under treatment.

By Mr. Nesbitt:

Q. Did they grant a permanent pension there?—A. Just six months.

By Mr. Nickle:

Q. That is not a functional disability of the same class to which Col. Russell referred?—A. No.

Q. How do you make a distinction between angina pectoris, and a functional case such as Col. Russell referred to?—A. Angina pectoris is a disease that frequently is fatal. A man dies in the attack. It is associated with changes in the vessels called arterio sclerosis. That is in the arteries supplying the heart itself.

Q. It is developed slowly?—A. Yes, the case goes on slowly. In these cases a man must take marked care of himself. He must not exert himself mentally or physically.

Mr. GREEN: Suppose I come and tell you I have all these symptoms and present myself before the board, could the board not tell whether I was suffering from the

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disease or not?—A. The Board could tell. Of course the diagnosis might depend upon the inconsistent things you would say if you had not the trouble, and if you had it your story would be straight and logical.

By Mr. Pardee:

Q. Is not hardening of the arteries a forerunner of the other disease?—A. Yes, it is thought to be so in this case.

Q. That takes how long to develop?—A. A matter of years.

Q. And hardening of the arteries is not a sudden disease?—A. No.

Q. And before a man gets acute angina pectoris, the hardening of the arteries has been going on for a considerable time?—A. Quite possible. It is so stated in this case.

Q. How long would it be?—A. It might be a matter of a couple of years or longer.

Q. Not less than a couple of years?—A. That is asking too close a question, because the association of arterio sclerosis and angina pectoris is not altogether established in all cases.

Q. Is it not established in this case?—A. We have taken it to be.

Q. If we take that as a premise, we can say the hardening of the arteries was going on at least a year prior to the definite trouble?—A. Yes.

Q. That would be a fair deduction?—A. Yes.

Q. And possibly longer?—A. Yes.

By Mr. Nickle:

Q. Then how do you get past the medical officer who was supposed to have examined him before he was taken into the army?—A. Mr. Pardee has spoken of the army, but this man was in the service a year, was he not?

By the Chairman:

Q. I think you said two years?—A. It was at Camp Hughes he first discovered the trouble.

By Mr. Nickle:

Q. But supposing he were not in the army before, how would such a case get past the medical officer?—A. I cannot answer that.

Q. That seems to refute what you said earlier, that a man could not suffer from these troubles and get past the officer.—A. Oh no, men suffering from much more serious troubles have got by the medical officer. I am not responsible for that.

By Mr. Nesbitt:

Q. Was he not a colonel in some regiment?—A. Yes.

Q. He would not have a medical examination?—A. He should have a medical examination.

Q. He would be authorized to form a battalion?—A. He should have an examination.

By Mr. Sutherland:

Q. Would you consider his present occupation would be liable to aggravate the disease, either mental or otherwise?—A. I could not say. To follow up the case I may say that Col. Bradbury is not at all satisfied. On April 10, 1918, I made the following memorandum:

“File with letters lately received was referred to Lt.-Col. Philp who advises no action is indicated. Col. Bradbury called and after explanation was given but not accepted as satisfactory. I suggested a medical board composed of the Board of Consultants. Col. Bradbury said he would consider that but did not acquiesce in the arrangement.”

By Mr. Nickle:

Q. There is some correspondence in the file with Dr. McClure.—A. Yes, I think there is.

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Q. I think in justice to Col. Bradbury it might be read.—A. Gentlemen, there is another document on file that I was not aware of. That latter examination has taken place.

The CHAIRMAN: Better give it to us.—A. This is the description given by D. D. McTaggart, Lt.-Col.; J. R. Spier, Lt.-Col.; A. A. Robertson, Capt. This board was in Montreal. I understand the arrangement was made later, that instead of having the board here he would have a board in Montreal the same as he had had in Ottawa. The report reads:

“General appearance good. Heart sounds distant and relatively accentuated, B.P. 150—100. Pulse 72. Dull heavy pain at upper part of left chest. Shortness of breath on very slight exertion.”

Then the following questions are put:

(1) Is arterial degeneration the underlying cause of this officer's disability?—Yes.

(2) To what extent had it advanced to time of appointment to C.E.F.?—at the time of appointment there is no record of symptoms to show he was in otherwise than normal health.

(3) When did symptoms assert themselves?—Ten months after appointment to command the 108th Battalion, C.E.F.

(4) Had this officer a disability in general labour market at time of appointment?—No.

(5) Not applicable.”

By Mr. Pardee:

Q. When is that dated?—A. April 26, 1918.

By Mr. Redman:

Q. There is no record of any sort of his specific condition at the time of his appointment?—A. Just the opinion given by the medical board that I read—nothing at the time of his appointment, no. Then the next question:

“To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?—Unknown.

Will it materially increase or diminish?—Yes, may be slow or rapid.”

By Mr. Nesbitt:

Q. Does that mean diminish or increase?—A. I assume it would mean increase, but they have not made it plain.

“Is the disability permanent?—Yes.

The entire disability. To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?—80%.

Pensionable disability. To what extent is his capacity lessened at present for earning a full livelihood in the general labour market by that proportion of his disability due to or incurred during service?—All during service, 80%.”

By Mr. Green:

Q. Any action taken on that?—A. No.

By Mr. Pardee:

Q. Is that board recognized?—A. Yes.

Q. If a man makes an application for a larger pension you tell him he must be boarded again?—A. Yes.

Q. Has he a right to take whatever board he chooses?—A. Not exactly that.

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Q. How far do his rights go?—A. If he objects strenuously to the board which previously examined him arrangements will be made to have another board.

Q. Who picks out the men for the other board?—A. Nearly always the local officer. That is to say in this district the General Officer Commanding at Kingston through his A.D.M.S.—that is his medical adviser—would suggest the board.

Q. And that was done in this case?—A. The correspondence with regard to that case is here. We had better have it.

Mr. POWER: Where is Col. Bradbury's home?

Mr. NESBITT: Selkirk.

WITNESS: Here is a memorandum made by myself to the Claims Branch:

“Col. Labatt is asking me to arrange for the examination of Lt.-Col. Bradbury in Montreal. Col. Bradbury is a Senator in present attendance at the House. It is suggested that the form 800 be sent at once to the district office with instructions that arrangement will be made for two alternate dates for examination, and that the head of the office advise by telegram of these dates direct to Col. Bradbury or through you as seems best.”

In this case the instruction was to send the form and instruction to the Board of Commissioners' Office in Montreal and they would see that arrangements were made with the local medical board to examine Col. Bradbury.

Q. Is it often the case that men having been examined by a board refuse or dislike to be submitted to that same board for re-examination?—A. There are such cases.

Q. Are they rare?—A. Probably. I am aware of three or four of them.

Q. Upon what ground do they want any other board rather than the men who are supposed to be familiar with the case and who have passed on it before?—A. Logically I cannot see any ground because the medical board can only describe the conditions they find at the time.

Q. As a medical man would you not say that the men who had examined the man formerly and had passed upon disability, would be better able to say whether he was better or worse, on a subsequent occasion?—A. Yes.

Q. That would be your idea as a medical man?—A. Yes.

Q. Speaking for yourself you see no reason why the first medical board should not have re-examined Col. Bradbury?—A. Col. Bradbury did object to that board.

Q. He objected to the first board re-examining him?—A. Yes.

Q. And it is upon that I am asking you those questions.—A. Yes.

By Mr. Cronyn:

Q. A pensioner might have the idea that the board had not given him the consideration he thought he was entitled to, or might be prejudiced in his case?—A. Yes, it has been stated sometimes, that in the matter of awards or estimates some boards were giving larger estimates than others. I suppose that suspicion might obtain. As a matter of fact it was the fact in the beginning that in some sections of the country medical boards made higher estimates than those in other sections.

By the Chairman:

Q. I thought you had done away entirely with the recommendation by local boards of the percentage of disability?—A. Yes, sir.

Q. How is it you have this recommendation as to percentage of disability in this report made last month?—A. These gentlemen were not following out their instructions.

Q. Just as a matter of procedure, what would the practice be in a case similar to this where you have a board recommending that the disability from which the man is suffering is due, two-thirds to active service and one-third to the condition of health at the time of entering upon the service? You have a subsequent board which says

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that in their opinion the whole disability is due to service. What would your procedure be in a case like that?—A. The procedure would be to consider those two statements and all the surrounding circumstances and come to the best conclusion we could. While it is not on record what Mr. Mills has said to me, it is impossible to set aside the impression that what he did say to me will have on my mind.

By Mr. Pardee:

Q. What do you mean by that?—A. Mr. Mills said that Col. Bradbury had been a sick man for many years to his knowledge. That will impress me, but it may not affect me, except making me particular to draw out all the information I can get.

By Mr. Nickle:

Q. For the enlightenment of the lay mind, how do you account for the difference of medical opinion on a matter so common as angina pectoris, as to whether this was a case of aggravation or original disability? There is practically a spread of 30 per cent?—A. No, there is only a difference of 5 per cent.

Q. The Montreal board say the whole 80 per cent of disability was incurred subsequent to enlistment and none of it at the time of enlistment?—A. Yes.

Q. And the Pension Board here found he was entitled to 50 per cent pension. That is only two-thirds of 75. You put it down that two-thirds of the trouble was there before enlistment, and the other third occurred after enlistment, and the medical board say the whole 80 per cent was post-enlistment, and none of it anti-enlistment. How do you account for that?—A. The difficulty was not ours.

Q. I am asking for an explanation?—A. I think the gentleman who brought forward the case in the first instance knew more about the facts than the last medical board knows.

By Mr. Pardee:

Q. Would that lead you to the conclusion as a matter of administration that your consultants that you have here ought in all cases to re-examine these men when possible, instead of taking another board altogether?—A. No, sir, that is a physical impossibility. These cases are not frequent. These cases are with regard to the medical opinion as to the necessity for rest for therapeutic purposes. There we have to depend upon the medical opinion more than anything else. If the man described the loss of a hand there is no trouble about that? No, it is plain enough, and when he says a man can only work 75 per cent of his former time, you have to accept that.

Q. Here you have two boards, one in Ottawa, which is admittedly a good board. A man wants more pension, and you tell him he will therefore have to be re-examined by this board to which he objects. Then, finally, through some course I do not know about, he gets another board in Montreal, and as Mr. Nickle pointed out and as the papers show there is an absolute difference of 30 per cent. Now, if that is the case as a matter of administration, would it not be better to have one board, say for this district if you like, or at least one board to re-examine the men, from whatever district, on the second examination when they claim more pension. Is not that board, as you told me a few minutes ago, more apt to know that man's condition, whether better or worse, by a second examination?—A. Agreed. The Board of Pension Commissioners is trying to meet public opinion and public feeling and satisfy every man in every possible way. Col. Bradbury was treated just the same way as if he had been a private soldier.

Q. Is it your opinion that when once a board examines a man and he asks for increased pension, that the same board should re-examine him?—A. Not if he objects to that medical board as being personally opposed to him, or has some such idea in his mind. I think in that case they should get an independent board.

Q. Did Col. Bradbury think there was something personal in the finding of this first board, do you know?—A. He was not pleased about it any way.

[Col. C. W. Belton.]

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Q. Was that in the back of his head?—A. Surely it was.

Q. So that he is allowed then, to go before an entirely different board and take up his case de novo, and the probability is that the Pension Commissioners will act upon the recommendation of that second board?—A. I would not go that far. Both those boards are there and we have still a considerable problem to meet.

Q. And the problem is made all the greater by transferring from one board to the other?—A. No. It is putting it in a doubtful position, whereas we were satisfied with the arrangement before. It is certainly a difficult case to deal with. There are a number of documents on file from his private attendant physician and from Battle Creek Sanatorium which also assist in getting at the facts of the case. They are not important though.

By Mr. Nickle:

Q. Hardening of the arteries, once it begins, moves irresistibly forward at varying speed, according to the exertion and stress under which the man lives?—A. Yes, its progress is more or less rapid.

Q. It really means his arteries are older than his years?—A. Yes, you might say so.

By Mr. Sutherland:

Q. Col. Bradbury has just been paid his pension for one month?—A. The date of the commencement of the pension is on the proceedings.

Mr. ARCHIBALD: There has only been one payment made.

WITNESS: I find a letter addressed to Col. Bradbury enclosing cheque for \$69.64, which was mailed to him, but returned by the post office authorities. Other cheques may have been sent out, and they would have been in the ordinary course.

Mr. ARCHIBALD: No, they have not been sent.

WITNESS: Did he accept the cheque?

Mr. ARCHIBALD: I do not know, but the claim forms are there among the documents, and therefore it could not have been paid.

By Mr. Nesbitt:

Q. Had he been paid as a regular soldier up to that time?—A. No, he had not.

Mr. ARCHIBALD: I find a note here as follows:

"Please note the officer named in the margin was struck off the strength of the C. E. F. from 26th February, 1918."

He was on up till then.

By the Chairman:

Q. On leave of absence without pay?—A. Yes. He had leave of absence without pay. That was the time he left the service and his pension commenced the day after.

By Mr. Nesbitt:

Q. From when did he have leave of absence without pay?—A. Here is something pertinent that I have discovered. This is a memorandum from J. Fenton Argue, President, Standing Medical Board, to the A.D.M.S., Kingston, Ont.:—

"I herewith forward M.F.B. 380 in the case of the marginally noted officer. This officer has been attended by a private practitioner in the person of Dr. H. A. Lafleur, of Montreal, whose certificate as to his condition is herewith attached. The Medical Board felt that all this man's disability was not due to service, in view of the fact that he had a high blood pressure while in training

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at Camp Hughes in August, 1916. The delay in forwarding this return was due to the fact that we had to have some correspondence with regard to his medical attention."

By the Chairman:

Q. Can you find the date of the leave of absence?—A. Here it is, January 21, 1918: "This officer has not been discharged as yet and has been on leave without pay since December 24, 1915."

The committee adjourned until 10.30 to-morrow.

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ADDENDUM TO No. 8 COPY OF PROCEEDINGS.

(a) Excerpts from a lecture delivered by Col. Sir John Collie, M.D., A.M.S.

(b) Communication from the Officer Paying Imperial Pensions re British disability pensions.

EXTRACTS from a lecture delivered in June, 1917, at the Royal Institute of Public Health, by Colonel Sir John Collie, M.D., A.M.S., President of the Special Medical Board for Neurasthenia and Allied Nervous Diseases.

(a) Never before in the history of the world has mankind been subjected to so much strain and shock resulting in stress of mind and body as in the past three years, and never before has there been such an apparent necessity for the sane and effective methods of treating the resulting disabilities.

(b) Most, if not all, of the cases of neurasthenia arising in the army are the result of actual concussions—shell-shock or the conditions prevailing in modern warfare. The predisposing causes are fear, the fear of being afraid, terrifying experiences, want of sleep, cold, wet, and the appalling sights at the Front. These emotional conditions, when extended over periods varying from days to weeks, produce irritability and loss of self-control; emotional disturbances lead to loss of sleep, and loss of sleep to more intense emotion. To this vicious circle are added the countless discomforts, both major and minor incident to trench warfare. Even the suppression of emotions, which every good soldier cultivates, adds its contribution to that state of anxiety which predisposes to the condition we are now considering.

(b2) At the end of 1916 the Military Authorities in France, in order to cope with the serious leakage of men from the Front, decided to abandon the use of the term "neurasthenia" and "shell-shock" in official nomenclature, and to replace them by the terms "neurosis A and B," thus replacing terms which had become too familiar to every soldier, and rolled rather too glibly from the lay tongue.

(c) It is obvious that the origin of the conglomerate collection of symptoms which go to make up the content of neurasthenia is mental. That aphonia and deaf-mutism are accounted for by an abnormal control of the unconscious mind over the speech centres is proved by the sudden and dramatic cures which sometimes take place, and by the fact that suggestion not infrequently cures these conditions.

(d) The idea of illness and its possible consequences obsesses most neurasthenics. Their pains are real but often only psychic; they are victimized by their unstable nervous systems and too often make no stand against morbid introspection. Their injuries seem to pervert their mental outlook so that they persistently dwell upon them. They exaggerate all unusual sensations, so that these in time come to fill a large portion of their field of consciousness. The repeated rehearsals of the awful details of warfare revivify and accentuate the ill-effects which were induced by their original injury. In many cases the idea that they will never recover becomes fixed, and has a baneful effect on the progress which should be made. Misplaced sympathy and unintelligent nursing frequently result in the manufacture of severe cases.

(e) Neurasthenia is not fraud, it is not malingering, it is not wicked self-deception, and, above all, it is not cowardice. It is a real disease.

(f) It must not be forgotten that the mental impression of invalidism, the result perhaps of months of thought, is a very real one to the patient. The only way to effect a cure is to convince him that he certainly will recover; indeed, in the case of the neurasthenic the whole environment must be one of confident assurance of complete recovery.

(h) Fussiness over treatment and tenderly expressed sympathy only accentuate the trouble. Kindness combined with firmness, and a strong unswerving faith in ultimate recovery are the keynotes of success.

(i) Dejerine, Dubois, Babinski, and many other eminent neurologists, both in France and this country, have pointed out that practically the only treatment for the

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vast conglomeration of war psychoses grouped indiscriminately under the term "shell shock," consists in getting the patients to appreciate that their fears are abnormal, and that their mental outlook is perverted, and in using all the means possible to prevent their aberrant fancies running along the lines of least resistance. The neurasthenic should be encouraged as Dubois says, to make an "*optimistic inventory of his mentality*." Neurasthenics are amenable to reason, and generally repay the trouble expended on them and the effort made to get their thoughts to run along new and healthier lines.

(j) No doctor or nurse is of any real value for the treatment of the neurasthenic unless they have confidence in themselves and can commandeer the confidence of the patient. Infinite patience, common sense at every turn, and real but thoroughly disguised sympathy are essential in those who undertake the care of such cases.

(k) Persuasive conversation should be systematically arranged for, in which the patient and doctor can have quiet talks, so that the man is led by tact and guarded sympathy to lay bare what is, as it were, at the back of his mind.

(l) There is always one proviso to make with regard to all treatment, and that is: unless a patient desires to get well no treatment can cure him.

After describing the various Remedial Homes established to treat these cases and maintained by the Pensions Ministry the speaker epitomizes the principal methods adopted in these homes which are as follows:—

(m) *First*:—An attempt is made to gain the confidence of the patient, and teach him to believe that he will recover, and continuous and painstaking efforts are made to persuade him to adopt an optimistic frame of mind.

Second:—The application of the usual remedial methods, such as 'massage and electricity.

Third:—Outdoor work and recreation are insisted on.

(n) I am given to understand that in the advanced stations for dealing with these functional conditions the percentages of cures are very high indeed, and that the duration of the conditions is remarkably short. An immense proportion of this class of case is curable. Failures depend upon the stubbornness, lack of will power, or refusal of further treatment by the patient.

HOUSE OF COMMONS,

COMMITTEE ROOM 318,

FRIDAY, May 3, 1918.

Memorandum:

To Board of Pension Commissioners for Canada.

From V. Cloutier, Committee on Pension Regulations,—For the Committee.

1. What is the scale of pensions allowed or to be allowed to Canadians who are members of the Royal Flying Corps and to the dependents of same?

- (1) Cadets or pilots or flying officers (whatever may be the correct term);
- (2) Mechanics whatever their rank.

2. What is the scale in the case of Canadians enlisting in the Mechanical Transport Engineers or other corps recruited for Imperial forces in this country?

3. What are the pensions granted to Canadian officers and other ranks, who, after proceeding to England with the Canadian Expeditionary Force, have been transferred to branches of the Imperial Army?

4. If these pensions are the same as those paid to British officers and men could we have a compact schedule setting out the rate of Imperial pensions?

Very respectfully,
V. CLOUTIER,
Clerk of the Committee.

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(Reply to Memorandum, dated May 3, 1918, received from the Clerk of the Committee on Pension Regulations.)

DEPARTMENT OF MILITIA AND DEFENCE,
IMPERIAL PENSIONS OFFICE,

OTTAWA, May 6, 1918.

V. CLOUTIER, Esq.,
Room 325, House of Commons,
Ottawa, Ontario, Canada.

DEAR SIR,—Your memorandum of the 3rd of May, 1918, on the subject of Imperial Army Pensions, addressed to the Board of Pension Commissioners for Canada, has been passed to me this day, for reply.

In answer to questions one, two and three, I beg to state for your information that the pensions paid in these cases, are the same as is paid to corresponding ranks in the Imperial Army.

In order that the Committee may have before it, the information required, I am sending herewith a copy of Army Orders for September, 1917, and would invite your attention to pages 25 onward, which have a bearing on the question of pensions for families and relatives of officers deceased, and for the officers themselves.

The rates payable are laid down in the first, second and third schedules to the Army Order and will be found on pages 40, 41, and 42.

With reference to the pensions of soldiers, and widows of soldiers below the rank of commissioned officers, these are covered by the Army Order dated the 2nd of May, 1917, of which I am also sending to you a copy.

The rates payable are laid down on pages 16 and 17.

A very important feature of the Imperial Government Pension Regulations, with regard to disabled soldiers, is the alternative, which is given to the man to have his pension award based on his earnings prior to the war, instead of the scale laid down on page 16.

The conditions under which such alternative pensions may be granted are laid down on page three, paragraph three, of the Army Order of May, 1917, previously referred to.

If there is any other information I can furnish on this matter, I shall be pleased to do so, if you will let me know.

Yours very truly,

W. STOCKDALE,
Officer Paying Imperial Pensions.

ARMY ORDERS.—SEPTEMBER, 1917.

(Pages 25-31.)

Royal Warrant for the Retired Pay of Officers Disabled and for the Pensions of the Families and Relatives of Officers Deceased, and for the Pensions of Nurses Disabled in consequence of the Present War.

GEORGE R.I.

WHEREAS WE deem it expedient to consolidate and amend the provisions concerning the retired pay of officers disabled, the pensions of the families and relatives of officers deceased, and the pensions of nurses disabled, in consequence of the present war, and to provide for their administration by Our Minister of Pensions, in accordance with the Ministry of Pensions Act, 1916;

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THIS OUR WARRANT shall apply to all officers and their relatives whose claims to retired pay, pensions or grants of the nature dealt with therein arise out of the present war, and to the members of Our Nursing Services hereinafter specified whose claims similarly arise, and it shall have effect from April 1st, 1917. In the case of such persons whose claims to retired pay, pensions or gratuities have been dealt with or arose under previous Warrants the terms of this Our Warrant may, if more beneficial to them, be applied with retrospective effect from the above date, on such dates as Our Minister of Pensions may find it practicable and convenient to re-assess their claims in accordance with instructions to be issued by him. Such instructions shall also regulate the assessment of any case in which a gratuity has been granted and shall determine the manner in which any arrears shall be paid.

The retired pay of an officer or pension of a nurse who has served as such before the date of this Our Warrant may be assessed under the terms of Our previous Warrants regulating retired pay or pensions if more favourable to him or her than this Our Warrant; and no grant to an officer or to the family or relatives of an officer, or to a member of Our Nursing Services, shall be re-assessed to their disadvantage; and any widow, child or dependent of an officer promoted from the ranks during the war shall not be less favourably treated than if the officer had continued to serve as a soldier.

If in Receipt of Pension as a Soldier.—If the officer is in receipt of a service pension as a soldier and does not hold a permanent commission in Our Regular Forces, he may be granted either (a) that pension with an addition for his disability as in the last column of the First Schedule to this Our Warrant, or (b) the retired pay for which he is eligible under the schedule according to the degree of disablement which ever is more favourable.

(5) *If totally blinded in action.*—An officer who has lost the sight of both eyes as a result of wounds received in action shall be granted not less than £300 a year in wounds pension and retired pay taken together.

(7) *Disabled after retirement.*—If an officer on or after general demobilization, or after retirement, or relinquishing his commission, or transfer to or reversion to the Reserve, otherwise than for misconduct, or at his own request, is certified to be disabled by wounds, injuries, or disease attributable to or aggravated by military service in the present war, such disablement not having been caused or aggravated by his serious negligence or misconduct, he may be granted retired pay or gratuity as if he had retired as medically unfit for further service from the date from which his claim is established.

(11) The widow of an officer may be granted—

(1) *Pensions to officers widows.*—A pension as in the second column of the Second Schedule to this Our Warrant, if the officer (a) is killed in action, or suffers violent death due directly or wholly to war service, or is killed or dies of injuries sustained on flying duty or while being carried on duty in aircraft under proper authority, or dies within seven years from wounds or injuries so received, or (b) dies from illness which is certified as directly traceable to fatigue, privation, or exposure incident to active operations in the field within seven years after having been first removed from duty on account of such illness, or (c) dies in consequence of injuries received in the performance of military duty otherwise than under (a) within seven years after having been so injured.

(2) A pension as in the third column of the Second Schedule to this Our Warrant if the officer (a) dies of disease attributable to or aggravated by military service other than under subsection (1) (b) of this article within seven years after having been first removed from duty on account of such disease, or

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(b) dies of injuries attributable to military service other than under subsections (1) (a) or (1) (c) of this Article, and not through his own serious negligence or misconduct, within seven years after having been first removed from duty on account of such injuries.

(3) *Gratuities to officers' widows.*—A gratuity addition to pension as in the fourth column of that schedule, if the officer dies in the circumstances referred to in sub-section (1) (a) of this Article.

12. *Children's allowances to officers' widows.*—(1) The widow of an officer awarded a pension under article 11 (1) of this Our Warrant may be granted a further allowance as in the fifth column of the Second Schedule of this Our Warrant, and a widow awarded a pension under Article 11 (2), a further allowance as in the sixth column of that schedule for each child maintained by her.

These allowances may be granted or continued up to the age of 18 in the case of sons and up to the age of 21 in the case of daughters, unless the child is otherwise provided for or married, and may be granted or further continued after the age of 18 in the case of a son who is an apprentice receiving not more than nominal wages, or is being educated at a secondary school, technical institute, or university.

FIRST SCHEDULE.

(Page 40.)

Retired Pay to Disabled Officers.

| Degree of Disablement. | Per cent Degree of Disablement. | Retired Pay on account of Disablement. | | | | | | Officers holding Permanent Commissions on Regular Forces. |
|------------------------|---------------------------------|---|--------------------|----------|-----------------|--------|-----------------------------|---|
| | | Officers not holding Permanent Commissions in Regular Forces. | | | | | | |
| | | Major General. | Brigadier General. | Colonel. | Lieut. Colonel. | Major. | Capt., Lieut. or 2nd Lieut. | All ranks. |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| | p.c. | £ | £ s. | £ s. | £ | £ s. | £ s. | £ |
| 1..... | 100 | 350 | 325 0 | 275 0 | 250 | 225 0 | 175 0 | 100 |
| 2..... | 80 | 280 | 280 0 | 220 0 | 200 | 180 0 | 140 0 | 80 |
| 3..... | 70 | 245 | 227 10 | 192 10 | 175 | 157 10 | 122 10 | 70 |
| 4..... | 60 | 210 | 195 0 | 165 0 | 150 | 135 0 | 105 0 | 60 |
| 5..... | 50 | 175 | 162 10 | 137 10 | 125 | 112 10 | 87 10 | 50 |
| 6..... | 40 | 140 | 130 0 | 110 0 | 100 | 90 0 | 70 0 | 40 |
| 7..... | 30 | 105 | 97 10 | 82 10 | 75 | 67 10 | 52 10 | 30 |
| 8..... | 20 | 70 | 65 0 | 55 0 | 50 | 45 0 | 35 0 | 20 |

In addition to retired pay under Royal Warrant of 1st December, 1914.

In addition to retired pay under Royal Warrant of 1st December, 1914.

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SECOND SCHEDULE.

(Page 42).

Pensions, Gratuities, and Allowances to Officers' Widows and Children.

| Rank. (1) | Widow's Pensions. | | Widow's Gratuity. | Children's Allowance. | |
|------------------------|---------------------|---------------------|----------------------|--------------------------|----------------|
| | Art. 11 (1). (2) | Art. 11 (2). (3) | Art. 11 (3). (4) | Art. (5) | 12 (1). (6) |
| | £ | £ | £ | £ | £ |
| Field-Marshal..... | 800 | 600 | 3,500 | 30 | 25 |
| General..... | 600 | 450 | 3,000 | 30 | 25 |
| Lieut.-General..... | 500 | 375 | 2,000 | 30 | 25 |
| Major-General..... | 400 | 300 | 1,100 | 30 | 25 |
| Bigadier-General..... | 300 | 225 | 900 | 30 | 25 |
| *Colonel..... | 200 | 15 | 600 | 24 | 20 |
| †Lieut.-Colonel..... | 180 | 135 | 450 | 24 | 20 |
| Major..... | 140 | 105 | 300 | 24 | 20 |
| Captain..... | 100 | 75 | 250 | 24 | 20 |
| Lieutenant..... | 100 | 75 | 140 | 24 | 20 |
| Second Lieutenant..... | 100 | 75 | 100 | 24 | 20 |

*Colonel means a Colonel who has been employed as a substantive Colonel if a combatant officer, or in the rank of Colonel if a medical, veterinary, or Departmental officer.

†Including a Colonel not employed as above.

THIRD SCHEDULE.

(Page 43.)

Pensions to Disabled Nurses.

| Degree of Disablement. (1) | Percentage degree of Disablement. (2) | Disablement Pension. | | If not entitled to Service Pension. | Addition to service Pension if entitled to such. (6) |
|-------------------------------|--|--|----------------|---|---|
| | | Principal Matron or Matron in Chief. (3) | Matron. (4) | Staff nurse or Sister. (5) | |
| | per cent. | £ s. | £ s. | £ | £ s. |
| 1..... | 100 | 175 0 | 125 0 | 100 | 75 |
| 2..... | 80 | 140 0 | 100 0 | 80 | 60 |
| 3..... | 70 | 122 10 | 87 10 | 70 | 52 10 |
| 4..... | 60 | 105 0 | 75 0 | 60 | 45 0 |
| 5..... | 50 | 87 10 | 62 10 | 50 | 37 10 |
| 6..... | 40 | 70 0 | 50 0 | 40 | 30 0 |
| 7..... | 30 | 52 10 | 37 10 | 30 | 22 10 |
| 8..... | 20 | 35 0 | 25 0 | 20 | 15 0 |

FIRST SCHEDULE.

(Page 16-17).

Pensions that may be granted for Specific Injuries.

British Army Order, May, 1917. Page 3.

3. Any disabled man pensioned under Article 1 of this Our Warrant who makes application and shows that the minimum pension with children's allowances (if any) which he has been granted, together with the average earnings (if any) of which he remains capable, are less than his pre-war earnings, may be granted, temporarily or permanently, in lieu of the minimum pension and children's allowances, a pension which, together with the average earnings (if any) of which he is judged capable, shall not exceed his pre-war earnings up to maximum of 50s. a week, plus half of any pre-war earnings between 50s. and 100s. a week.

2. (1) A disabled man pensioned under Article 1 of this Our Warrant may be granted during the continuance of the pension a further allowance for each child under the age of 16 at such proportion of the following weekly rates, as corresponds to the degree of disablement at which the man is assessed for pension:—

| | s. | d. |
|---|----|----|
| For a first child. | 2 | 0 |
| For a second child. | 4 | 2 |
| For a third child. | 3 | 4 |
| For each child after the third. | 2 | 6 |

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| Degree of Disablement. | Specific Injury. | Proportion corresponding to degree of disablement. | Disablement Pensions. | | | | | | |
|------------------------|--|--|---------------------------------------|---|-------------------------|--------------------------|-------------------------|--|---|
| | | | If not entitled to a Service Pension. | | | | | Warrant or N.C. Officers entitled to Service Pensions. | Private, &c. (Class V) irrespective of Service Pension to which entitled. |
| | | | Warrant Officer, Class I. | Warrant Officer, Class II., or N.C. Officer, Class I. | N.C. Officer, Class II. | N.C. Officer, Class III. | N.C. Officer, Class IV. | | |
| | | | | | | | | | |
| | | Per cent. | s. d. | s. d. | s. d. | s. d. | s. d. | s. d. | s. d. |
| 1 | Loss of two or more limbs. Loss of an arm and an eye. Loss of a leg and an eye. Loss of both hands or of all fingers and thumbs. Loss of both feet. Loss of a hand and a foot. Total loss of sight. Total paralysis. Lunacy. Wounds, Injuries or disease resulting in abled man being permanently bedridden. Wounds of or injuries to internal, thoracic or abdominal organs, involving total permanent disabling effects. Wounds of or injuries to head or brain involving total permanent disabling effects, or Jacksonian epilepsy. Very severe facial disfigurement. Advanced cases of incurable disease. | 100 | 42 6 | 37 6 | 35 0 | 32 6 | 30 0 | 27 6 | 27 6 |
| 2 | Amputation of leg at hip or right arm at shoulder joint. Severe facial disfigurement. Total loss of speech. | 80 | 34 0 | 30 0 | 28 0 | 26 0 | 24 0 | 22 0 | 22 0 |
| 3 | Short thigh amputation of leg with pelvic band, or of left arm at shoulder joint, or of right arm above or through elbow. Total deafness. | 70 | 29 9 | 26 3 | 24 6 | 22 9 | 21 0 | 19 3 | 19 3 |
| 4 | Amputation of leg above knee (other than 3), and through knee or of left arm above or through elbow, or of right arm below elbow. | 60 | 25 6 | 22 6 | 21 0 | 19 6 | 18 0 | 16 6 | 16 6 |
| 5 | Amputation of leg below knee (including Symes' and Chopart's amputation), or of left arm below elbow. Loss of vision of one eye. | 50 | 21 3 | 18 9 | 17 6 | 16 3 | 15 0 | 13 9 | 13 9 |
| 6 | Loss of thumb or of four fingers of right hand. | 40 | 17 0 | 15 0 | 14 0 | 13 0 | 12 0 | 11 0 | 11 0 |
| 7 | Loss of thumb or of four fingers of left hand, or of three fingers of right hand. | 30 | 12 9 | 11 3 | 10 6 | 9 9 | 9 0 | 8 3 | 8 3 |
| 8 | Loss of two fingers of either hand. | 20 | 8 6 | 7 6 | 7 0 | 6 6 | 6 0 | 5 6 | 5 6 |

NOTE.—In the case of left-handed men, certified to be such, the compensation in respect of the left arm, &c., will be the same as for a right arm, hand, &c., and vice versa.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 207,

WEDNESDAY, May 8, 1918.

The committee met at 10.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present—Messrs. Cronyn, Green, Lapointe (St. James), McCurdy, Nesbitt, Nickle, Pardee, Power, Rowell, and Sutherland.—10. *In attendance*.—Mr. Fraser, M.P. of Welland.

Communications received were read and considered as follows:—

(1) From the Chairman of the Pensions Committee, G.W.N.A., Ottawa Branch (Mr. Edward R. R. Mills) *re* amendments desired to the present regulations. Further considerations ordered.

(2) From Mr. John Rankin, of the Pacific Construction Company of Vancouver, *re* taxation for pensions.—Ordered referred, on motion of Mr. Green, seconded by Mr. Pardee, to the Finance Department.

(3) From the Corporation of the City of Toronto, *re* recommendation adopted by the City Council, in respect to the insuring of all members of the Canadian Expeditionary Force on military and naval service, etc. Resolved that said petition be considered when the subject of pension allowances is taken up by the Committee.

The committee then proceeded to consider the evidence given by Commander J. K. L. Ross, chairman, Col. R. H. Labatt and Major J. L. Todd, members of the Board of Pension Commissioners for Canada and Mr. Archibald who was recalled.

F. B. McCURDY,

Vice-chairman.

V. CLOUTIER,

Clerk.

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MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,

COMMITTEE ROOM 207,

WEDNESDAY, May 8, 1918.

The special committee appointed to report upon the Pension Board, Pension Regulations, etc., met at 10.30 a.m., the chairman, Hon. N. W. Rowell, presiding.

The CHAIRMAN: This morning the members of the Board of Pensions are in attendance here to give us any information we desire in connection with the general organization of the work of the Board of Pensions. Perhaps, Mr. Ross, as chairman, will first give us information upon the matter.

Commander J. K. L. Ross called.

The CHAIRMAN: Mr. Ross, the members of the Committee are assembled for the purpose of considering matters in connection with the pensions Board, referred to them under the following Order of Reference:—

“That a special committee be appointed to consider and report upon the Pension Board, the Pension Regulations and the sufficiency or otherwise of the relief afforded thereunder, the pension list in force in Canada for disabled and other soldiers, and the dependents of those killed while on active service and any other matters relating thereto or connected therewith.” Questions have arisen in the course of our investigations as to the organization and the work of the Board and how the work is carried on, and we shall be glad if you will just give us a statement as to the duties of the Board of Pension Commissioners and the work of administration.

Mr. Ross: My first intimation of your Committee was when I was in England by cable despatch in the newspapers and I presumed at first glance that this Committee was to go into the adequacy or inadequacy of the present pension legislation, in other words, the Order in Council. As time goes along we have found some things that can be improved under the Order in Council, and I had hoped that was one of the main things in the work of this Committee.

The CHAIRMAN: This Committee has been giving a good deal of consideration to that.

Mr. Ross: As regards the duties and the powers of the Board of Pension Commissioners, as far as I am concerned, and I think that the other members of my Board agree with me, I have said this on a great many occasions, that we have been appointed by the Cabinet, and our duties come under two heads; firstly, that we are to see that the returned soldier or his dependents, receives all that is due to him, under the present regulations, and secondly we are also to see that the taxpayer of Canada is dealt squarely by and at the same time to see that all the benefits that are due to him come to the returned man or his dependents. Now, I consider that everything in regard to our duties is centred around those two points. In other words we are to establish an organization throughout Canada, or wherever we have pensioners to see that the pensions are paid promptly to the men and their dependents. We are also bound to see that no men get their pensions unjustly; in other words that is we are looking after the taxpayer generally. The pensions are growing every day; when we first took hold, before we had the organization that we have now, with a fewer number of pensions, we could keep in closer personal touch with all the pensions, but at the present day it has got very large and it is impossible for two or three of us to give

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the personal individual attention to single cases. The only time we have an opportunity to do so is when a man or his dependents take it upon themselves to not be satisfied with the pension that is granted, or the pension that is not granted and appeals to us personally. Then we take the cases up personally. Under the Order in Council, reading between the lines, that is evidently recognized because it says that pensions granted in the ordinary course of administration.

The CHAIRMAN: Will you tell us just in a word as Chairman of the Pension Board what your procedure is.

Colonel LABATT: A lot of the procedure has been changed since Mr. Ross went away and probably he is not as conversant with it as I am.

Mr. Ross: I might say that I have been absent in England for practically four months, and I think Mr. Archibald has already given you a good deal of information about the procedure.

By Hon. Mr. McCurdy:

Q. You have been overseas, on the business of the Pension Board, and it will be interesting to hear from you what changes have been made.—A. I should be very pleased to tell the Committee what we did over there, and I take a good deal of criticism to myself for not having gone over before, Mr. McCurdy. But, as you are aware the Orders in Council were changed, and the last Order in Council was only changed at the end of last year. I ought to have gone over before, but I had to take a trip through the West so that I could not go over before, because we had to organize the whole thing. Before I went over there was in England a board of which Sir Montague Allen was chairman, and we were looking over the files of pensions; there was the High Commissioner's office which was paying a certain number of pensions, and there was the Pay office doing work, and likewise there was an organization of the Imperial friends that were dealing with a certain number of cases, so that the thing was practically under four different controls, and the one office over which we had jurisdiction was Sir Montague Allen's office in Berners street. When we got over there it was discussed, and before I left there it was all put under the jurisdiction of the Board of Pension Commissioners in Ottawa. That arrangement was made, and we now have an office in London in which the whole thing is concentrated, and it is a miniature of our Ottawa office, with the same procedure, and they are paying pensions over there; but these pensions that are granted by the office in London are only granted as temporary pensions, subject to the approval of this board here. The cheque goes out immediately from that office, just as it does from the office here.

Q. Who is in charge of the office over there?—A. Captain Pidgeon.

Q. What staff have you there at present?—A. At present I think we have a staff of thirty-eight. I was just going to say that for the first nine months we have that staff, which is too large a staff, and within nine months the staff will be considerably reduced. All these decisions which were made in England previous to the new office being established there were done by volunteered people, and I do not think any of these reports made on these cases are worth the paper they are written on. In conjunction with that I would like the opportunity of bringing before this committee one very important point that we had recommended for a long time for the improvement of the present pension regulations. Now, this is a point which will appeal to the people as taxpayers, and it will not be a hardship to the men or to their dependents. At the present time the father or dependents are entitled to an 80 per cent pension; that is to say in the case of a private must give them \$40 a month or nothing if they prove dependency. Now we do not think it is fair to the taxpayers of Canada, because the percentage will run very high. I would not like to say the percentage, especially in England, where a boy had given his father or mother, 5, 10, or 15 shillings a week, that is \$5, \$10, or \$15 a month. That comes before us, and we have to give that woman \$40 a month or nothing. If we give her nothing it will probably be a hardship to her, so that we have to give her at least \$40 a month. In my opinion, and I think

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in that of the other members of my board, that is putting a premium on death, and I do not think that this country should be asked to pay that over-amount; I think the Board of Pension Commissioners should have the jurisdiction or the option of deciding how much those dependents should be paid, depending on what had been contributed before. I cannot say the amount that is being paid in England to-day, because we have not got those cases investigated, but the dependents are being paid a great deal more in Canada than should be paid by this country.

Q. In a certain class of cases?—A. In all the dependents' cases.

Col. LABATT: Dependents other than widows?

Mr. Ross: Dependents other than widows. Widows are entitled to it anyway. Now, as I said, we have got this larger staff in London because we are re-investigating every case in Great Britain; and I have also given the order to re-investigate it with the idea in view that you are going to change that legislation, so that when you do change it we will have all the figures in front of us and know just how to readjust those pensions.

By Hon. Mr. McCurdy:

Q. Those 38 clerks were not employed under the system as you started it?—A. No, we had 58 there in those different offices.

Col. LABATT: The salaries of those 58 clerks were \$62,900 a year. Our salaries and administration charges of every kind in England now amount to \$58,000 a year.

The CHAIRMAN: How much has that been reduced now?

Mr. Ross: The staff has been reduced from 58 to 38.

Col. LABATT: The salaries alone were \$62,900. Our whole cost for running the office now is \$58,000; that is the estimate.

By Hon. Mr. McCurdy:

Q. That covers salaries, rent, taxi cabs and all expenses?—A. Yes.

By the Chairman:

Q. Is there anything further in connection with the administration of Great Britain that you desire to comment upon, Mr. Ross?—A. That office is a miniature of the Ottawa office to-day, and for that office over there I might say it is really necessary, being isolated. The expenses for the amount of pensions will always be higher than here, on account of the output, and to-day it is larger because we are re-investigating every one of the cases, and at the end of eight or nine months we will have that cleared up.

Q. In the Committee the other day the question was asked as to whether the members of the Pension Board themselves have assigned duties; that is, do you divide the work in connection with the operation of the Pensions Board? Is there any particular branch entrusted to any particular member to administer? How do you deal with the general situation?—A. Roughly speaking we all three meet to discuss policy as to procedure and office organization. I have been away the last four months, and Major Todd has, and that has devolved in the last four months entirely on Col. Labatt. Major Todd has somewhat specialized on the medical end, if possible, but not leaving the general policy, because Major Todd is a medical man.

By Mr. Nesbitt:

Q. You get your report from the medical man, who is Col. Belton?—A. Yes, but Major Todd generally looks at these reports first.

Q. Does he revise them any?—A. I mean reports from Col. Belton, he reports to us. If any medical matter comes up we leave it to Major Todd to look into, not being medical men ourselves.

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Q. According to the evidence here, the Pensions Commissioners did not revise the report of Col. Belton, but just based their pension on that report.

Major TODD: Col. Belton has his instructions, and these instructions are that if a case comes within the four corners of that instruction, to act; if there is anything in which that case is not within the four corners of these instructions then it must be referred to the Pension Commissioners.

Mr. NICKLE: That is not the evidence he gave here.

Major TODD: I have read the first four sections of evidence, and there is no difference between what I have said and the evidence as I read it.

Mr. NICKLE: We are wrangling in regard to language, but the impression created by his evidence is not the impression that your language might reasonably bear.

Major TODD: Probably so.

By Mr. Pardee:

Q. Supposing a claimant for pension comes along and puts in his claim; is that submitted to Col. Belton in the first place, if that comes from the district board?—A. No, that will go through the Claims Branch.

Col. LABATT: Not for disability pension. Col. Belton has his staff divided into nervous diseases, wounds, and all that; he has a staff of about 15. If it is a nervous disease it goes to one of these three doctors. They go over the case, and if they are not satisfied they consult with the other two doctors that are in the office with him; and if they are not satisfied, or if they want further information, they consult Col. Belton. Col. Belton simply takes up the kinky cases, but remember that he signs nearly every one of those cases that pass for pension.

Q. Then unless there is something in the case out of the ordinary, whoever this case goes to amongst the various ones that you have mentioned here, do they decide upon that?

Col. LABATT: Yes.

Mr. PARDEE: Under the four corners of the Act, as to how much disability?

Col. LABATT: Yes, we have a disability table.

Mr. PARDEE: Then supposing there is something out of the ordinary, Col. Belton examines it?—A. Yes.

Mr. PARDEE: What are his duties exactly?

Col. LABATT: He is medical director to the Commission. You might say he is the same as the medical referee of an insurance company.

Mr. PARDEE: What are his duties, Col. Labatt?

Col. LABATT: His duties are that he is head of the medical advisers branch of the Board of Pensions; he is responsible for the work done by his subordinates; if they make any mistake it is up to him to see that his doctors are instructed properly.

Mr. PARDEE: Let us get at it in another way, perhaps we do not understand one another; suppose a report comes from one of those various heads, it goes to Col. Belton?

Col. LABATT: Yes.

Mr. PARDEE: Does he look after it?

Col. LABATT: Certainly.

Mr. PARDEE: Does he look over every claim?

Col. LABATT: Every claim that comes in? Absolutely not. He reads over the finding of the medical adviser; he absolutely could not get over them all.

Mr. PARDEE: Then after that claim for disability has passed one of those various men, is there anybody that ever overlooks it?

Col. LABATT: No.

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Mr. PARDEE: Their finding, then, is absolute?

Col. LABATT: Not necessarily, no.

Mr. PARDEE: It is, unless there is something extraordinary in the case?

Col. LABATT: Yes.

Mr. PARDEE: Who decides whether there is anything extraordinary or not?

Col. LABATT: The man himself who goes over it says, "Now, this is a complicated case." If a man has his arm off, that is an ordinary disability. It is not so much a question of wounds as of disease that we have to look after. If he finds disease and is not quite satisfied he will probably turn around to the other two men in the room with him and say, "Now, listen to this case; what do you think about this?"

Mr. PARDEE: Then it is left to themselves entirely?

Col. LABATT: Yes, but they may refer it to Col. Belton.

By Mr. Pardee:

Q. In the meantime it is left to them entirely.

Col. LABATT: Yes.

Q. And unless they want to refer to Col. Belton they do not need to?—A. No, but if they make a mistake and it is found out—

Q. I will come to that. It stops there unless of their own volition they want to refer to Col. Belton?

Col. LABATT: Yes, and they also may say, "This board is not satisfactory, we will send it back and ask for another board, and have further information from the man who wanted this board.

Q. Then it is only the extreme cases that Col. Belton gets.

Col. LABATT: Yes.

Q. After he has got those cases is he the sole judge as to the amount of disability that is to be granted?

Col. LABATT: He does that in consultation with the other man. He would not be arbitrary about it. It would be just the same as a matter between yourself and your partners in law: you might be influenced by what they had to say if you discussed some question with them.

Q. Then what he does is to consult with the man who sent the case up?

Col. LABATT: Yes.

Q. Is their decision final?

Col. LABATT: It is final at that time, unless they want to send it on to the Commission.

Mr. ROSS: They can only send it on to the Commission.

Q. I was trying to trace the thing step by step. In those cases, Col. Belton's report, after consultation with the man who sent the case up to him, is final at that time.

Col. LABATT: Yes, but the man has a right to appeal.

Q. When does the Commission ever see any case, or does it ever see a case at all.

Col. LABATT: We see from 15 to 20 cases every day.

Q. How do you get them?

Col. LABATT: They are sent to us from the medical officer or Claims Branch. If it is a dependent, it is sent in by the Claims Branch, and if it is a claim by the pensioner, it is sent in by the medical adviser, and he writes a précis and sends it on and wants a ruling of the Commission. Of course we are not medical men.

Q. He wants a ruling of the Commission on the amount of disability the man is allowed?

Col. LABATT: Not necessarily. I would judge it may be some case that comes up where it is more a question of policy in the case of a medical matter, except the

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case where a man probably has a disability, we will say he has shot himself in the hand, and it may be that the evidence is not quite clear whether they should grant a pension on that, because the man inflicted that wound purposely, or it may have been accidental or something of that kind.

Q. Under what circumstances do the Commission say whether the disability allowed to a man is sufficient or insufficient?

Col. LABATT: Well, sometimes we do that, Major Todd will take a case and say, "Now, I think he has been a little parsimonious—"

Mr. Ross: There are two classes of cases. If the medical case comes before us, nine times out of ten we would ask Major Todd to go over Colonel Belton's report, or his medical adviser's report. We have had cases where, after the decision, the man at the front has perhaps committed suicide or something of that kind—general cases of policy, and the question is whether they are entitled to a pension. We want to get at the string of cases which come before us.

Q. Where it goes and how it goes, and finally how it reaches the final conclusion as to how much a man is to get.

Mr. Ross: When we first came here and took hold, the pensions were small, and we went over every case ourselves, and that was an ideal system, but it has got to such a stage that we cannot do it and carry on the administration, and we are trying to do it as well as we can, and Colonel Labatt has been doing a great deal of it, and the load has got very heavy, but he has done more than any of the three of us on the Commission.

Q. In the first place are our pensions sufficient? In the second place if there are any defects in the granting of pensions, how can they best be remedied?

Colonel LABATT: That is exactly the question.

Mr. Ross: As I said to your Chairman, I had hoped that the main thing you wanted to see was in regard to the legislation looking at it from the man's point of view and also from the taxpayers' point of view. In regard to that I would like an opportunity to say something in regard to legislation.

Mr. NICKLE: Are you through with that point, Mr. Pardee?

Mr. PARDEE: No.

Mr. NICKLE: Better deal with one point at a time, I think we had better let Mr. Ross give evidence and take Colonel Labatt afterwards; otherwise, we will get into confusion.

By the Chairman:

Q. Finish your statement and we will take up Colonel Labatt?—A. I would rather Colonel Labatt should answer the questions Mr. Pardee is asking because he is more conversant with that phase of the matter.

Q. Then tell us what suggestions you have to make in reference to changes you think should be made in the existing legislation.—A. One of the main things, of course we have many of these things there, Mr. Rowell, but the main thing I speak of was in regard to these dependents' pensions. But since we have been away in England, Major Todd and myself,—I might say there is one Order in Council put through that I cabled a very strong protest against and I am very strongly against it. If it is going to be enforced, you are going to hamper the organization and the administration and the economy of handling pensions in Canada, and that is putting the Board of Pension Commissioners under the Civil Service Commission.

By Mr. Green:

Q. In what way will it hamper you?—A. If we are under the Civil Service, it will hamper us so much that we shall be run like the other organizations of the Government under the present Civil Service Commission. When I was asked to take over the chairmanship of this Board I did not want to take it. Sir Robert Borden sent

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for me on the 1st July, 1916, and I asked two things. Firstly that we could be run as a business organization, and not as a part of the Civil Service, and secondly who could pull a string behind our backs, and I was told that we are the last court of appeal, that no one could pull a string. I wanted to be clear of patronage, and to run it as a business organization; now it has been taken out of our hands.

Q. How do you understand you are prejudicially affected by being placed under the Civil Service?—A. If we want to get employees, or want to get a staff, we have to send to the Civil Service Commission.

Q. It is not an interference in any way with the Board that you fear?—A. No, it is in respect to getting a staff; we cannot get an efficient staff, if we have to go to the Civil Service. I say the Civil Service is incompetent to supply the staff we want, and then we have to wait, but when we want a man now we go and get him, we are doing it to-day.

By Mr. Nickle:

Q. What else have you to suggest, Mr. Ross?—A. I have not anything more, but so far as the change in legislation is concerned, we have a list prepared showing what we would suggest, but that one point is a very strong point; I have a great objection to working under the Civil Service. As a matter of fact I do not care about resigning, but when I heard it in England, I sent a very strong cable to Sir Robert Borden.

Q. How many have you on your staff now?

Colonel LABATT: 538, that includes 88 district officers.

Q. That does not include the overseas staff?

Colonel LABATT: No.

WITNESS: Last month we granted 3,390 new pensions and we have to increase our staff, and when we want to get a staff, we have to get them through the Civil Service. Previous to that my secretary travelled from the Atlantic to the Pacific picking up a staff of returned men and women, but to-day we have to send to the Civil Service of Ottawa, to get brakemen and farmers to do clerical work. There is no business organization in this country will back the Cabinet in such a thing being put over. Of course, I confine myself in these remarks to the staff of the Board of Pension Commissioners.

Q. Is the Board of Pension Commissioners in any way different to the other departments of the Government?—A. I do not know anything about the other departments of the Government except those I have been in touch with, and I consider the Board of Pension Commissioners have to deliver the goods.

Q. Colonel Labatt, in speaking, said that all doubtful cases were brought before the Pension Commissioners for special consideration prior to the final award being made. Some of the most difficult and complicated cases we have had before us have been stamped "approved" with a rubber stamp. How does that rubber stamp come to be used, and by whom?—A. When Colonel Labatt says "all doubtful cases," that is the rule that all doubtful cases should be brought before us; whether all doubtful cases are or are not brought before the majority of the Commissioners I would not say, because sometimes things may slip through; but we have a précis drawn up giving a synopsis of the case and two or three of us will read that over, and we will initial on the bottom "Pension" or "No pension," or make some other suggestion, and then the proceedings are drawn up and when the secretary, or whoever does it, sees the initials on the bottom she stamps my name on it. Instead of reading through all the papers we get a synopsis of the case or a précis.

Q. I am asking that question because it is said that the Medical Board in the Pension Department very often refer to one member or another, as the case may be, who determines according to your scale of disability what the pension should be?—A. I am not talking of one case, but of the general rule for all cases.

Q. I wanted to find out the method of procedure, and whether your private secretary or Colonel Labatt's stamped "approved" in a perfunctory way?—A. All the cases

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to-day will probably not be seen by any of the Commission unless they are stamped, but the cases that do not come inside the four walls of the procedure or regulations, or whatever precedent you establish, then a précis is drawn up.

Q. Who determines whether or not they come within the four walls?—A. It might be a claims case—

Q. Take the ordinary case?—A. In a medical case it would be the medical officers.

Q. Then the doctor who had the case before him for consideration, on him rests the responsibility of determining?—A. In a medical case, and in a claims case it will be the claims department.

Q. So that it really falls back on one man?—A. But we are trying to lay down the rule that everybody that is not satisfied gets personal attention.

Q. We were all impressed by Colonel Belton's evidence of why so many of these cases were stamped, and Mr. Archibald said that the work was so great that it was practically impossible for each case to have the attention of the Commissioners?—A. We have to delegate our authority for granting pensions to the responsible members of the staff, with the exception of the difficult cases when we want to know about them.

Q. But the work has become so great that you practically found it necessary to delegate to the staff the awarding of pensions and you rely upon their judgment and attention to do justice, is that correct?—A. Yes.

Q. When a medical board outside, when the board for discharge sends in a report, that is referred to some one or other of the doctors on your staff, who determines whether or not the pension is correct in relation to your scale of pensions; if he makes any change does he advise the outside board of the change made by his ruling, or is his decision final without the attention of the outside board being called to the matter?—A. I cannot answer that question directly, because just before I went away that question was brought up in one case.

By Mr. Pardee:

Q. Now (producing file) here is a case I just happened to have cited, what procedure was gone through by you on that?—A. (After examining the file.) That was a case that went through our ordinary routine. There is no précis drawn up in that case.

Q. Then, probably in that particular case one man decided?—A. He decided it here, this was the Medical Board (indicating).

By the Chairman:

Q. In speaking of the Civil Service Regulations, I understand your objection is one of principle, that you object to any person, other than the Board of Pension Commissioners, having a voice in the appointment of the staff?—A. Not exactly, it is principally in that way, but it is more than that, we are not going to get an efficient staff.

Q. You said that you cabled as soon as you heard it. I took it from that fact that your objection was based on principle because at that time you had no knowledge of what the operation would be.—A. I had a pretty good knowledge of what it was, and I know that if we had to get our staff from the Civil Service that we would not get the men we wanted.

Q. Why do you say that you would not get from the Civil Service the ones that you wanted?—A. You know more about it than I do. I think you can answer that question yourself.

Q. But the whole basis of the Civil Service Regulation is to get efficiency.—A. I know in a general way about it,—but I know no details—I was told, yesterday, that there are certain holidays that we have to observe under the Civil Service, I do not know how many days exactly, but it is 12 to 15 days; then they make the office hours from 9 till 4 when the House is not sitting, in the summer.

Q. The hours are from 9 till 5 as a general rule.

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Colonel LABATT: There was an Order in Council passed in 1909 saying that when the House was not sitting, in the summer months, June, July and August, the Civil Service people will stop work at 4 o'clock in the afternoon.

Mr. Ross: And then if we want certain clerks they are sent to us by the Civil Service, and I do not know how long we have to keep them. I think it is 6 months but I understand we have to keep them a long time before we can get rid of them, and then we have to state why we do not want them; that is no way to run a business.

Q. Speaking subject to correction, I do not think you have to keep any employee six months.

Colonel LABATT: They say we have to keep them six months.

Q. There may be some such regulation but I am not aware of it.—A. The thing comes down, Mr. Rowell, to this, if we are going to run this as a business organization let us run it, but we are not going to travel under the Civil Service.

Q. Of course the Board of Pension Commissioners will have to travel under whatever regulations the Government finally decides they should travel; the whole object of the Government is to improve the efficiency of the service in connection with the regulations, but I am not aware of anything that requires you to keep a person six months. But as far as office hours are concerned, I know that members of my staff work till late hours at night whenever they are required, and they do not get any extra pay. They are under the Civil Service and that is the work they do, and they do not get away either when they are required. All I wanted to get from you is whether your objection was a matter of principle.—A. Yes, a matter of principle. I have never been in politics, and the only way to run a business is to run it in a business way and I want to run the business of the Pension Board in the same way you would run an ordinary business. There is no consideration of politics affecting competency with us.

By Mr. Sutherland:

Q. You have been on the board since the beginning?—A. Since September, 1916.

Q. And you have full powers, of course, to deal with matters according to the regulations provided. How much of your time do you devote actually to the work of the Commission?—A. I could look over my diary and see the times I have been here. I go down to Montreal, sometimes on Friday and sometimes on Saturday; I go down once a month to only one meeting; there is one meeting that occurs once a month, which I attend, but I have not been down to all of them since I came to Ottawa. I do not look after my own personal affairs; I am not in any business, I am on two or three boards, but there is only one board whose meetings I have left Ottawa to attend.

Q. Practically the whole of your time is taken up with the business of the Pension Board?—A. I have a private office with a secretary of my own there, just keeping track of my own office; I am not managing any business, I am on two or three boards, and I have resigned from a number of boards since coming on the Board of Pension Commissioners, and the board that I go down to in Montreal meets in the beginning of the week as a rule, or I go down that week-end, or stay in Montreal over the Monday.

Q. So that outside of your trip to the old country, which was in connection with the Pension Board—A. And my trip to the West.

Q. Your time is all practically devoted to the work?—A. Last summer I went off five or six days at a time occasionally, sometimes at the week-end from Friday to Monday. The secretary whom I have taken on the Board of Pensions Commissioners I paid personally, and wherever I am he is constantly in touch with me, either by long distance telephone or by telegraph.

By Mr. Cronyn:

Q. That is another secretary from the one you have in Montreal?—A. Yes; the secretary in Montreal has nothing to do with pensions. The one I have here in

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Ottawa, who is with me all the time, is a man I took on, I think, in October, 1916, about a month or so after I took the work over.

By Mr. Pardee:

Q. At your own expense?—A. At my own expense.

Witness retired.

Col. LABATT called.

By Mr. Pardee:

Q. Col. Labatt, will you please go on where I left off?—A. Well, you were talking, as we were, with the idea of what is the best way to improve getting—

Q. No, I am not asking that; I will endeavour to draw my own conclusions as to what is the better way when I find just what is done now. Let me take this actual case here, and perhaps I can better illustrate it that way. Here is a man, Gordon Miller, about whom I happened to have a letter yesterday morning, and I asked for his file to be brought. Now, if you will notice this man was granted a pension of \$5 a month.—A. Yes, that is a Class 19 pension.

Q. Here are the disability conditions; here it is signed by the Commissioner, and so on, and by Col. Belton.—A. Yes.

Q. Now, this board says, "Condition fairly well nourished; much deformity of right fore leg, 2 shortening of ankle; stiff in movement." Now, you have this man here, and you grant him \$5 a month.—A. Yes; that is not the board that grants the pension.

Q. Who decides finally that that man is entitled to that amount of money, and how is it arrived at?—A. Well, may I tell you the procedure?

Q. Yes.—A. You are probably disabled in the old country. You may have two or three medical boards there.

Q. This man was.—A. Well, you may have two or three medical boards there. Each medical board may assure you that you are getting better; you may be getting worse. You come here, and there is a board at the discharge depot—at the present time that is done away with but at this time it was not. The man then goes to the district from which he was recruited. If he needs more attendance the Militia Department puts him in their hospital, attends to him; he may be an out-patient, or he may be an in-patient. Then when he is discharged, he is discharged on the 227, that is, his final medical board. Then all his medical boards are sent in to the Board of Pension Commissioners, and sent on to the medical advisers' department, and they go over all his boards and his final medical board; and whoever does that, if it is not a kinky case, he says, "So much pension." Now, there is the final medical board here—

Q. Who says, so much pension?—A. Whatever doctor looks after it.

Q. That is a single doctor?—A. Yes.

Q. What then?—A. Then it goes before Col. Belton to sign.

Q. Does Col. Belton in any way review that case?—A. Not unless it is a—

Q. He never reviews that case unless his attention is specially called to it by the man who has recommended the pension?—A. No.

Major TODD: If this is a new doctor who has been there only a few days, Col. Belton goes over it carefully; but if we have had the doctor some time, and he is one in whom Col. Belton has confidence, who knows all the orders, with the policies we followed down, then the statement is taken as accurate.

Q. Then Col. Belton does what when it is brought to him?

Col. LABATT: He goes over that case with the doctor, and then they decide what they think is the proper percentage to give him.

Q. Then am I right in saying that in the final analysis, in the large majority of cases, the doctor who brings this case before Col. Belton and Col. Belton finally decides

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upon the amount of disability and of pension?—A. Yes. Of course he may discuss the thing with the other three doctors in his department first, and then he goes in with his decision. Then if Col. Belton is not satisfied himself, this doctor makes out a little précis of the case to Col. Belton. Col. Belton then makes out a little finding of the facts, and the thing is passed by the Commissioners.

Q. Then if it is an extraordinary case does it come before the Commissioners themselves?—A. Yes. That is not in a medical question, which would come before Major Todd.

Q. In a medical way?—A. Yes.

Q. But does it not come before the Commissioners, and do they discuss it, and as Mr. Ross has told us, if it is a medical case Major Todd is asked to look into it?—A. Yes.

Q. Then if that is done, do the Commissioners alter anything, even the pension?—A. They have done so. Of course, mind you, the pension has not been given at that time.

Q. But the recommendation has been made?—A. The recommendation has been made unless the Commissioners otherwise decide.

Q. Then the Commissioners do take up some of those cases?—A. Yes.

Q. Revise them, and perhaps ask for another board?—A. Yes; very often a case comes up and we will say, "You are not satisfied, and we are not satisfied; send back and give this man another board, or an independent board."

Q. Then would I be right in saying that as to reconsideration it is practically up to the man himself to keep hammering away until he is satisfied?—A. There is no hammering away. What I mean to say is that when a man sends a communication to us about his pension it is immediately put on his file, on the left-hand side, and brought up before the Commissioners. When that information is got it is put on the right-hand side, showing his application has been dealt with. A man may make a claim that he has not got his pension and that he is worse than he was. Then we send back and get another medical board on him. If he shows us that his conditions are so-and-so, they will go and compare his letter with his medical board, and they will say, "This is all on the medical board—the man is not any worse." And we will simply say to him, "The conditions you name in your letter are already shown in your medical boards, and your condition is no worse. Now, if you are not satisfied, go to a private practitioner and get a finding from him, and if he finds anything that is worse than you state we will give you a medical board, and if that medical board increases your pension, we will pay for your private practitioner." But in most cases we just send him back and get another medical board.

Q. In your opinion, as having had considerable experience with that, is there any improvement that you can suggest to this committee?—A. Yes.

Q. What is it?—A. A thing that we have under consideration at the present time is that we propose that we should have the medical adviser, that we now have in each district, to look over all cases; that is, that he takes all medical re-examinations, and goes over with the man personally himself. A man won't go before a medical board after he has once got his pension, but if he is not satisfied he can go to our medical adviser, who will be at the office so many hours a day, and the medical adviser can say to the man, "I don't consider you are any worse," or, "I consider you are worse, and I will recommend that you have a greater disability pension," or "I think you will have the same as you are now getting, but you will have the option of appealing, and you can have another medical board if you are not satisfied." In addition to that, we want to have three travelling representatives who will be absolutely familiar with our procedure, and whose findings will all be the same, so as to level the disability all through the country, because the disabilities that are sent in from one office vary greatly from the disabilities that are sent in from another office. I will give you an instance. There was a board sent in from

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Vancouver in which they gave a man's disability as 15 per cent. There was another board came in from Montreal. If you read the two boards you would consider they were exactly the same cases and the same man. The Montreal board gave the man 75 per cent disability. As a matter of fact if they had gone to the disability table they would both have found that the right disability for that case was 40 per cent. Therefore the man in the West who got 15 per cent on his board received 40 per cent disability; the man in Montreal who got 75 per cent only received 40 per cent. The man in the West was perfectly satisfied, because he expected 15 per cent and got 40 per cent; while the man in Montreal expected 75 per cent and got 40, which was the correct figure. Of course, that sort of thing comes up, but you never hear of the case where the man's disability is increased; you always hear of it when it is decreased.

Mr. Ross: We had that thing brought up in our trip to the West last year, and we pointed that out to the men, and they would not believe that we ever increased the amount of pension. Since we came back, Col. Labatt has been keeping tab on the amount of increase and decrease, and when I left for England, there were more increases than decreases.

Col. LABATT: It was almost even. The expectation and hope of this country is that when you are re-examined you are going to get better. You have had my own case up here. I was a 100 per cent disability. I hope in six months I will be 80 per cent disability, but that all depends.

By the Chairman:

Q. Your remarks show that the calculation has increased the pension in more cases than it has reduced it?—A. No; we are referring to medical re-examination. The great trouble is this, that doctors will differ on a man's disability, just the same as a lawyer would take a stand in a case, and another lawyer would take a different stand in that case, diametrically opposite, and according to the judge, one is right and the other is wrong. It goes to the court of appeal, and as it goes up it may be reversed each time. It is an absolute impossibility to get down to an absolutely correct finding, but we want to give the men everything that is coming to them and we give them the benefit of every doubt. But remember, gentlemen, that we have 90 per cent of the men, whom we never hear of again; they are perfectly satisfied, and we get very nice letters from them. There are some men who have legitimate cases and there are others who are trying to get more all the time. That is what we are up against; we want to protect the country so that men who are not entitled to a pension do not get it, but the man who is entitled to a pension, we want to give him everything we can.

By Mr. Sutherland:

Q. Your experience, then, has been, that the findings of medical men differ as much as those of lawyers who are paid to handle a case on the opposite side?—A. Well, I just put that up as an illustration.

Q. But as a matter of fact you have found that there is a very great difference of opinion among medical men?—A. In some cases. It is getting much better now, because we bring in the presidents of all those medical boards, if we can, and we ask them to stay with us for two or three weeks, and then they get down to the system and find out how it is based.

Q. Would you consider it any advantage for a medical man to see an applicant for a pension and examine him thoroughly? Would he be in a better position than one who did not see him and did not know about the symptoms he showed?—A. What we want him to do is to give an absolute, thorough description of the man's condition as he finds it. Then we base that on our disability table. If there is any doubt in our mind we either send it back to the medical board to ask some further questions, or we re-board the man.

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Q. But are the previous boardings all different—one board giving one opinion, the next board an entirely different one, and the third quite different from either of the other two, and so on? In a case of that kind would it be an advantage or not for a medical man on your staff to see the individual applicant?—A. That would be absolutely impossible.

Q. But assuming that it was not impossible, would or would it not be an advantage?—A. I suppose there is an advantage for any man to be seen by a medical man; and that is why I say we want to have those travelling representatives, one in the East, one in the centre and one in the West, so that they will go around and see those men and we will save the Government money.

Q. We were told here the other day by one of the members of your staff, I have forgotten just which one, that it was better for a revising medical officer not to see the patient; that he would be apt to handle the case to better advantage than a man who had actually seen him?—A. Well, the matter of sympathy might come in if you saw the man.

Q. That is something that ought to be eliminated entirely?—A. Yes, absolutely; that is the trouble with some medical men, they are too sympathetic, and others are the other way.

Q. You have the two extremes?—A. Yes, we are all human, you know.

Q. And between the two extremes the pensioner might suffer a great injustice?—A. He might, but I hope he will not, for he has the right to come back to us.

Q. In regard to that right, sometimes you have had appeals, and you say that those always come before the Commissioners?—A. What I say is, the man writes in about his case, that he does not think he is getting enough.

Q. All cases of that kind come before you personally?—A. No, not all; these are complaints.

Q. When Col. Belton was giving evidence here the other day along that line I brought to the attention of the Committee a case in which I had written in connection with the matter of a pensioner who had received his discharge on the 28th of December, 1917, and on the 8th of February a pension was issued to him; he did not think that that was in proportion to his disability and at my request he made a statement to that effect which was forwarded to the Pension Commissioners and from that date to this that man has not received one word, nor has he received any further attention from the Commission?—A. Will you give me that and I will have it looked up.

Mr. ARCHIBALD: That is the same case we discussed before?

Mr. SUTHERLAND: Yes; Sgt.-Major Tooke.

Mr. ARCHIBALD: I think Col. Belton explained that the inquiry came through Sir James Loughheed, and Sir James Loughheed was given a full detailed description of why the award had been made, and I suppose Sir James Loughheed passed it along to the proper parties, either to yourself or to the man himself, and we have never heard anything further. It is up to the man now to say if the explanation does not satisfy him.

Mr. SUTHERLAND: I brought that matter before the Committee the other day, that this man had made a complaint, and the Commissioners were aware that he was not satisfied. They were also aware that he had made a statement in which he said: "My nerves and my physical condition is such that I cannot do more than six hours' work per day. That makes my weekly wages run to \$10 a week, and out of this I have to keep a wife and one child. This is not sufficient. On February 15th I received a pension paper and a cheque for \$5.32, being pension money for two months at the rate of \$2.66 per month. I firmly believe that eventually I can cure my nerves by will-power, but while I am as yet incapacitated I expect more from the Government in order to maintain them. By profession I am an accountant, but before the war I had been doing manual labour. I am discharged from the army, and could not

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obtain a position as cash accountant. I have had to resume manual labour. The whole difference, and one on which I base my claim for a bigger pension, was this: before the war I was capable of hard manual labour; to-day I am not, and \$2.66 is not the equivalent of my disability." Now, that matter was brought before the Pension Commissioners, I presume, and received their careful consideration?

Col. LABATT: Major Coristine, Mr. Archibald, and Col. Belton saw the case.

Q. It did not come before the Commissioners?—A. Well, in the absence of the other two Commissioners, Mr. Archibald and Major Coristine were acting in their places as Commissioners and doing their duty.

Q. Then I understand that there is not a member of the Pension Commissioners who paid any personal attention?—A. Not in that case. There was not any reason. If there had been anything that was not quite clear through the several boards and the man's letter, then it would have come before the Commissioners.

Q. Then your contention is that this man had no grounds for complaint, and had received at the hands of the Commission every consideration to which he was entitled; that is the deduction?—A. I presume so; of course I don't know the case.

By the Chairman:

Q. Have you seen the Commission's reply?—A. Yes, I have it here; I read it the other day.

Mr. ARCHIBALD: I could explain the case very briefly.

By Mr. Sutherland:

Q. What I want to find out is whether this case had been brought before you: you have made the statement that those extraordinary cases received the personal attention of the members of the board?—A. Well, then it has in this case. Major Coristine and Mr. Archibald were acting with me as co-Commissioners in the absence of the other Commissioners.

Mr. ROSS: When Major Todd and myself went to England, Mr. Archibald and Major Coristine, the secretary, acted in the place of Commissioners to take up those cases during our absence in England.

Mr. SUTHERLAND: So that the responsibility does not rest upon a member of the Commission, but rests upon a substitute for the Commissioners during your absence?

Col. LABATT: Will you tell Mr. Archibald to explain this?

By Mr. Sutherland:

Mr. Archibald has been before the committee at every sitting, and this is the first time that we have had members of the Commission here. What I wanted to find out was whether, in view of the statement you have just made, these extraordinary cases receive attention from the board. I understand in this case it was attended to by a substitute for a member of the board?—A. That was not an extraordinary case; it is an ordinary complaint.

Q. It was not deemed of sufficient importance that the soldier should be notified?—A. It was dealt with by the members of the Board who took it up. A medical question comes up, and we have got to go by what the other boards say, and they say the condition this man complains of existed before. They took that into consideration at the time the pension was granted.

Q. Which means that Col. Belton, by a stroke of his pen cut the last recommendation down to 5 per cent disability, and we are told that Col. Belton had not seen a great many of these cases at all; that it was done by a substitute for Col. Belton.—A. Yes, but that case would come before Col. Belton.

Mr. POWER: Why should that case come before Col. Belton any more than any other case?

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Mr. ARCHIBALD: I could explain it simply.

Mr. SUTHERLAND: The file has been sent for.

Mr. ARCHIBALD: I almost remember it off by heart.

By Mr. Sutherland:

Q. This letter was directed to you, Col. Labatt, by Sir James Loughheed and it was replied to by Mr. Coristine.—A. He replied for the Secretary. Probably I was at home in bed for about ten days, and this case may have come up in my absence.

Major TODD: It is a rule of the Board that all letters shall be replied to?

WITNESS: Yes, absolutely.

Major TODD: It is our invariable rule to avoid all possible hint of interference in these cases. Official communications are replied to by the secretary, so that the mere fact that it was replied to by the secretary is quite in order.

By Mr. Cronyn:

Q. The inquiry coming from Sir James Loughheed, the answer was sent through the same channel, presuming it would reach the man.—A. We have many communications from members of Parliament and Cabinet Ministers enclosing a letter saying, "Will you kindly attend to this case and let me have a reply," which we do and then we presume they deal with the men themselves.

By Mr. Sutherland:

Q. The summary of the letter by Mr. Coristine to Sir James is, "the facts of the case appear to be perfectly plain. It is not thought that any further consideration of the case will make any alteration in the decision arrived at."—A. If that man wants to make an appeal, he has a right to make it.

Mr. ROSS: For the personal consideration of the Board?

WITNESS: Yes, or they will give him another medical board.

By Mr. Sutherland:

Q. He is not even notified that if he is not satisfied he can make an appeal. Would it not be an easy matter to notify these men who are supposed to be conversant with all the procedure.—A. As I understand it this letter was sent to Sir James Loughheed and the reply was sent to Sir James Loughheed. The supposition is that he was the man who made the inquiry. The letter was written to Sir James Loughheed. He would take the matter up with them then.

Q. And you do not intimate to him that there is provision for him to make an appeal?—A. Every man knows or should know that he has the right of appeal. It is in the Act.

Q. Every man does not know?—A. We try to impress it on him.

Q. But you do not try to impress it on him. This man has not heard from the Pension Board since he received his discharge?—A. Because he has not communicated direct with the Board.

Q. And yet you have a staff of 500, and with that staff you cannot notify the man?—A. He has never communicated with us. He has communicated with Sir James Loughheed. If he communicates direct with us we take the case up with him.

Q. Is that not beating about the bush?—A. No. That soldier feels he has a grievance—

Q. You are a commission appointed to attend to the requirements of the returned soldier, and you personally should have known something about this man, because I believe he went over with your battalion from Valcartier?

Mr. ROSS: No, it is not beating about the bush. The presumption is that Sir James takes up the case personally, and we reply personally to Sir James. The pre-

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sumption is that he will notify that man and that he will take it up with Sir James Loughheed. Sir James knows the pension regulations, and if a man is entitled to anything Sir James can tell the man what course to take.

Q. He is not in correspondence with the man at all?—A. How does he get into the case?

Q. His letter is brief and reads:—

“In further answer to your letter of the 26th, I enclose you a report received from the Board of Pensions Commissioners which fully explains this case.”

And the report of the Board of Pension Commissioners says:—

“The facts of the case appear to be perfectly clear, and it is not thought that any further consideration of the case would make any alteration in the decision arrived at.”

Even though that had been conveyed to the soldier, would it make any difference?

Mr. Ross: Would not you or Sir James know the legislation well enough to know that you could have the case brought personally before the Board?

Q. What I am supposed to know, or what Sir James is supposed to know, does not affect the matter one iota. The Board of Pension Commissioners was aware that there was a grievance here, and the case is such that I cannot imagine how any one in the department could write such a letter, and say that the case was perfectly clear and that nothing further could be done. And yet this man is not notified. There are four boards held, and the statement you have made about doctors differing as well as lawyers is verified to the very letter. One board recommends that he be given six months' leave with full disability, and the next one says one month, and it comes down here. You cannot give a soldier a pension for one month, can you?—A. Yes, certainly.

Q. You do not award pensions for one month?—A. We can award a pension and review it at the end of the month.

Q. I am told when it comes before the board that Colonel Belton, instead of giving him a month's pension, has given him two months?—A. Six months.

Q. At 5 per cent disability?—A. Yes.

Q. The board that examined him when he came back from London recommended a full disability for six months, and the Board in the Old Country recommended a six months' furlough, as they thought it would be two years before he would recover?—A. That would not come before us, he was not discharged.

Mr. ARCHIBALD: I think it would be much better if you would get the file before you make those statements, because the statements are not quite accurate.

Q. In what respect?

Mr. ARCHIBALD: You said that when the man came back the board recommended full disability for six months. The medical officer bringing up the case recommended a twenty per cent disability for six months, and the board itself recommends a one-tenth disability, namely, ten per cent disability for one month, and the commissioners gave a five per cent disability for six months. These are the facts.

Mr. POWER: It seems to me the question is whether the fact that Sir James Loughheed, or a member of Parliament, or anybody else, brings the case of a soldier before the board entitled the man to more consideration than if the soldier brings it himself.

Mr. ARCHIBALD: No.

WITNESS: No.

Mr. POWER: The soldier does not know what his rights are or what he is entitled to.

Major TODD: We are there to see he gets his rights.

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Mr. POWER: You gave more consideration to the case brought up by Mr. Sutherland than you would probably give to another case.

Mr. GREEN: Mr. Sutherland says it is just the other way.

Mr. SUTHERLAND: The board was notified on November 14, 1917, and the questions were answered as follows:—

“What is the probable duration of the disability?—Two years.

“To what extent will it prevent his earning a full livelihood?”

And the final board says, “Totally at present.”

WITNESS: Is that the last board the man had?

Mr. SUTHERLAND: No.

WITNESS: He is recommended for Category D3. He is to receive further treatment. He is not supposed to come before us.

Mr. SUTHERLAND: Recommended for further treatment, and he was permitted to go home for two weeks, where he improved very much, and he came back feeling extremely well, and he came before the Board and was examined—

WITNESS: You will find there is medical Board M.F.B. 227; that is the final Board.

By Mr. Sutherland:

Q. You do not revise the findings of the other Boards?—A. We take them into consideration.

Q. Here is a Board three weeks later. The British Board says he will require two years to recover, and the next one says six months, and the next one says one month?—A. He got better faster than the medical board thought he would.

Q. But you have the letter he sent telling of his condition, and stating that he was only able to earn \$10 a week?

Mr. ROSS: If the letter had been written to the man himself he would probably be told, “If you are not satisfied with this decision you have the right of personal appeal,” but in replying to Sir James it would be presumed that Sir James knew that. We know that the man has a perfect right to appeal.

Q. A statement has been made before the committee that extreme care is taken to see justice is done to every soldier, and if he has complaint he is communicated with. This case was brought to the attention of the Commission by Sir James Loughheed, by myself and by the soldier, and the soldier has not heard from the Commission from that day to this. He did not receive his pension till six weeks after he received his discharge.—A. Well, he got it very quickly.

Q. And he has not heard from the Commission from that day to this and I believe about three months' pension is still due.

Mr. ROSS: If the man is taking it up with you or with Sir James Loughheed, we presume you or Sir James would advise him as to his rights.

Q. I mentioned in my letter to Sir James that I had seen this case, and I felt a great injustice was being done, and that at my request he was making a statement of his case, and was not complaining at all to the Commissioners or anybody else. So I think you are aware—A. I think it is a misunderstanding.

Q. You are aware he was dissatisfied, as I substantiated by my own statement to Sir James Loughheed and Sir James Loughheed wrote personally to Colonel Labatt asking that the matter be looked into and he received a reply from a substitute and that is as far as the matter has ever gone.—A. The communication came from Sir James Loughheed. It did not come to us from the man and we answered Sir James' letter.

Q. And the reply intimates to him that nothing further would be deemed advisable and that he had better take care of himself as best he can.—A. No.

Mr. ROSS: I reiterate that there is a further appeal in the ordinary course of administration as laid down in the Order in Council. Under the present Order in Council

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which we are working under, either Sir James or yourself could have advised that man to appeal personally to us and his case would be taken up but we had no thought of communicating with the man when we did not have a communication from him.

WITNESS: I think it would be a good thing if this committee were to come down to the offices of the Board of Pension Commissioners and see how the administration is carried out. I could give you the procedure if you desire with regard to dependents and how they are dealt with.

By Mr. Cronyn:

Q. Will you kindly explain how you deal with dependents?—A. Dependents are dealt with in this way: we have what we call our claims branch with a claims adviser, who corresponds to the medical adviser and who looks after all cases of dependents. They go before him. We receive every day the casualty list of the men who have been killed or wounded; when a man is killed, if his next of kin is his wife, we immediately communicate with her, and send her application forms, asking her if she is living in a city where we have an office, to produce her marriage certificate and the certificates of the birth of her children. These are verified by the district officer, and the certificates are handed back to her. Her application is sent in and her case is dealt with right off, as soon as it comes back.

Q. Does she make any affidavit or declaration?—A. She produces her marriage certificate on the claim here, or if she is an unmarried wife she has to produce evidence that she has lived with the man for a reasonable length of time.

By Mr. Power:

Q. How long will it take for a widow's pension to be awarded to a man's wife after you are notified that he has been killed?—A. We are notified when the casualty comes out.

Q. Would it be a week after?—A. It might take a little longer than that.

Q. What time will it be till she gets her first cheque?—A. It might be three weeks or a month, it might be more and it might be less, but, remember she gets separation allowance all the time.

Q. Up till the time she is awarded a pension?—A. Certainly. We notify the Separation Allowance Division when the pension is awarded.

Q. Does she have to pay back that separation allowance?—A. No, not unless there has been overlapping.

The CHAIRMAN: She is not entitled to both.

Q. Presumably, supposing her husband is killed on the 10th of May, she will receive her pension on the 15th June?—A. The separation allowance and assigned pay will be carried on for three months.

Q. You will award her a pension from the 7th May, and she will have to repay the difference between that and the separation allowance?—A. No, we will give her the pension from the time we award the pension and the separation allowance and assigned pay will be paid up to that time.

Q. Presumably the two payments will overlap?—A. No, there will be no overlapping, that is exactly what we are trying to avoid all the time.

By Mr. Cronyn:

Q. Will you complete your history of your procedure in the case of a widow?—Yes. The pension is then made out, she is notified, and we send her the first pension cheque. Then there is the kind of dependents, fathers and mothers. Where they have dependency, we generally award a pension right off, and if they are receiving assigned pay and separation allowance, we get into communication with them, and our visitors call on them and get all the evidence to see if they are wholly or mainly

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dependent. That report is sent in to us and on the finding of that report the pension is granted or refused. This takes a little longer than the widow's cases.

Q. How many visitors have you?—A. We have sixteen offices, and we have a staff in those sixteen offices of eighty-eight, and I should say we have forty or fifty visitors.

By the Chairman:

Q. From the Atlantic to the Pacific?—A. Yes. You see our district offices are in Victoria, Vancouver, Calgary, Edmonton, Saskatoon, Winnipeg, Regina, London, Hamilton, Toronto, Kingston, Ottawa, Halifax, St. John, Montreal, Sidney, C.B., and Quebec.

Mr. ARCHIBALD: And Charlottetown?—A. Well, he has not been appointed; there is an officer there now. We make our own investigations, and we have awarded pensions where people are entitled to them and refuse pensions where people are not entitled to them; we have to take evidence as it comes to us. The visitor goes to the widowed mother, who says: "Jimmie gave me \$50 a month before he went overseas, and he was employed at such-and-such a place." We might go to that place and find that Jimmie only got \$30 a month, and we find evidence that Jimmie did not support his mother at all.

Q. You have to check up all these cases?—A. Yes, and sometimes we have appeals on these cases which are considered.

Mr. FRASER: I would like to ask the committee if it is the intention to recommend some amendments to the Pensions Act, so as to allow the Pension Board a little wider powers in regard to the granting of pensions. I have noticed several cases in which they are not giving pensions because they cannot, but where they would award pensions had they the power to do so. I thought this committee was formed with the intention of recommending to the Government some amendments to the Pensions Act.

The CHAIRMAN: That is one of the functions of the committee, but we have not yet reached that stage where the committee is taking up for consideration such amendments as it will suggest to the Act, but it will do so.

Mr. FRASER: I have received several petitions from prominent people—judges, county councillors and others—laying before me special cases which deserve consideration. I do not think it right to take up specific cases, but think it would be preferable for the committee to consider the general question.

The CHAIRMAN: If you send in a letter suggesting amendments to the existing regulations, the committee will be glad to receive and consider it.

Colonel LABATT: On the very question that Mr. Fraser is speaking of, there are probably four or five cases come up to us some days in which we would like to grant a pension, and which in our opinion should have pensions, but the law will not allow us to give them. We have a clause in our proposed new Pension Act which covers that. Another question is that of the man who had disability that pre-existed enlistment. We think that if the disability does not appear within three months after his enlistment, he should be considered a whole man when taken, and should receive full pension for disability he had irrespective of what he had beforehand.

Mr. ROSS. Do you not think, Mr. Chairman, when you reach the point of discussing the adequacy or inadequacy of the present regulations you could call upon us to go over things with you and make suggestions? We have accumulated a lot of information, and while we have no power to ask that you give us a hearing, if you desire it, we are in a position to give you suggestions based on our experience.

The CHAIRMAN: We had intended to have Mr. Archibald give us suggestions in the concrete form in which you have them prepared.

Mr. ROSS: We have spent weeks and months in going over these matters and considering them, and Mr. Archibald has all the information prepared.

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Colonel LABATT: Everything that Mr. Archibald has in respect to the proposed changes to the Act has been thoroughly discussed with Mr. Archibald by the Commission and we have called on the staff to see how it works out.

Witness retired.

The CHAIRMAN: We got a certain distance with Mr. Archibald and then I understood that he said he would rather hear what other persons had to say before finally concluding his testimony, so we still have to hear Mr. Archibald as to his suggestions in reference to changes. Perhaps we had better clear up this case in which Mr. Sutherland is concerned, if you have the record. I understand from Mr. Archibald that the greater part of this file was put in the other day when the question came up, therefore, it is not probably necessary; I was not there and did not know.

Mr. ARCHIBALD: After this file was brought up by Mr. Sutherland a memorandum was addressed to the secretary by Col. Belton asking whether it was desirable to take further action. The secretary considered that it might be advisable to have further medical examination. The memorandum states:—

“Instructions will therefore be given that the man be brought to Toronto for re-examination by a medical board, and that the specialist neurologist selected by Col. Russell be associated with the medical board so that the desirability of further treatment may also be taken up.”

That is the action that will be taken in regard to this case.

Major J. L. Todd called.

By the Chairman:

Q. Major Todd, will you tell us for the benefit of the members of the Committee who are now members of the House, what has been your professional position and work before you took your place on the Pensions Board?—A. I graduated from McGill University in 1900. I was overseas at Liverpool University, for several years; then I was connected with the teaching staff of McGill University, until the war broke out; then I was sent overseas with the medical service; I was sent by General Jones to take a place on the Pensions and Claims Board in 1915; then I was brought here in June, 1916.

Q. What branch at McGill were you teaching?—A. I am teacher in parasitology.

Q. In connection with the work of the Pensions Board is there any information, on the medical side of it particularly, that you can add to what Commander Ross and Col. Labatt and Mr. Archibald have said, that would help the committee in dealing with the situation?—A. You have traversed the whole ground pretty well. I think one point ought to be brought out extremely clearly. I have read over the first four copies of the evidence. The point is, that the Board of Pension Commissioners is responsible for everything it does; and the C.A.M.C. doctors are employed because it is convenient and in the public interest that the C.A.M.C. doctors should be used. The Board of Pension Commissioners is responsible for seeing that it gets good medical advice, and I am of opinion that the medical advice we have had has been of very high standing.

Q. Col. Russell, while giving his testimony here, drew our attention to the rule in force in France, that men suffering from shell-shock, or whatever technical name you choose to call the disability from which they are suffering, did not receive any pensions; and some witness suggested—I am not sure whether it was Col. Russell—that it would probably aid in the recovery of such cases if no such pensions were granted as of right, but only granted as of grace, by the board; have you an opinion

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to express on that?—A. I think that a man should get a pension for every disability existing in him. That seems, perhaps, to evade your direct question, but it does not do so, because many of these shell-shock cases—to use the word which you understand—are cases where disability does not exist; it is a thing in the imagination of the man; and the greatest kindness you can do to that man is to get him back to a self-supporting, self-dependent, self-respecting basis. That is the ideal. May I give just one case? Our predecessors granted one pension to a man with a paralyzed leg. The man got a 100 per cent pension. He immediately went out and within a month got an excellent job where he was using that leg just as well as any leg ever worked. He fooled the doctors. It was a case of hysterical paralysis. Nowadays, doctors know more about it; the tests are better; that case would not get through now.

Q. I am not sure whether the recommendation which Col. Russell submitted to us in connection with such cases has come before the Pension Commissioners for their consideration.

Mr. ARCHIBALD: Yes; Col. Russell came over and we had a meeting in the board room, at which were present Col. Labatt, Major Coristine and myself and all the doctors, and he made to us statements very similar to those that were made here the other day by him. From what I could understand, he convinced all our medical men, and he certainly convinced Col. Labatt and myself and Major Coristine, that it would be of great advantage were a pension not granted for functional disability.

The CHAIRMAN: As you are making certain other recommendations to us as to changes, I would like to have your recommendation on that specific question.

Mr. ARCHIBALD: I will put that in with the others.

The CHAIRMAN: Would any members of the committee like to ask Major Todd any question?

By Mr. Pardee:

Q. Major Todd, what do you think of Colonel Russell's theory in connection with shell-shock. Do you agree with him?—A. Practically, absolutely and entirely. It is a thing, though, that must be interpreted with the greatest amount of care. Mind you, where Colonel Russell has scored over some other medical men is that he has used careful method of diagnosis, of which every medical man knows, but which some medical men do not use because they are troublesome and take a long time to work out, and demand a certain amount of adeptness and practice. But there is no doubt whatever that good men, men who use careful methods of examination, can say categorically, with absolute accuracy, that "this man is all right," while other men, who have not used those methods of examination would say, "Why, the poor fellow has a paralyzed arm."

Q. Did the committee understand you to say a few minutes ago that you would not recommend the withholding of a pension for shell-shock cases?—A. No what I said was that a man should always be pensioned for disability that existed in him. If the best medical opinion—and that is what we contend we always get, or should get, and we can get the best in the country—if the best medical opinion says that there is no disability present, then I do not think that that man should get a pension.

Q. Not even though he is suffering from one of those functional diseases which is actually a disease at the time? That is what Collie says?—A. Again I say if he has those things and cannot be cured, then he should have the pension. In England to-day they are treating men who have these diseases.

Q. And pensioning them?—A. If it turns out to be something that is not entirely removable, then they are pensioned.

Q. Suppose a shell-shock case came up to-day for treatment, how long would you withhold the pension?—A. Just as long as the best medical advice says that pension

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should be withheld. We are only human beings. The best experience we have concerning the existence of disabilities is obtained from the medical profession. The Board of Pension Commissioners reviews their finding. If the best medical experience says there is no disability, no pension should be given.

Q. Even though that should last several months?—A. Treatment is carried on.

Q. Even though that should last several months he gets no pension?—A. That is my opinion. There may be cases where it is advisable to permit a man to pass under his control. Then, if there is a slight disability which may be removed, the man will have a temporary pension for that, but that method must be used with the greatest possible care, otherwise we will find the country flooded with shell-shock cases, and a man instead of getting better, will be nursing his ailment just for the sake of getting pension money.

By Mr. Nesbitt:

Q. You treat them in hospitals?—A. It all depends.

Col. LABATT: They would not come under us till they were discharged from the hospital.

Q. They would not come under you until they were discharged, but the whole treatment is a unit to a certain extent?—A. The disadvantage of hospitalization is very great. If you take a man and keep him in hospital for two years he will be accustomed to hospital life. If I am kept in a hospital for two years I will be accustomed to expecting my meals to be brought up on a tray every day, and accustomed to not being compelled to work; I will become out of touch with the outside world and become hospitalized. That is one of the biggest dangers we have to face. I went through a hospital ward with Sir Wm. Osler when there were 30 men there, and only about five of them had any business to be there. Some had functional disorders and some had real disorders, but these disorders were exaggerated because the men were depressed. The best thing to do would be to keep such men in the open working at whatever they were best fitted to do, and getting their thoughts off themselves. A man in a hospital becomes introspective, and these men were imaginary invalids.

Q. Col. Russell would recommend that these men who imagined that they had shell-shock or that their nerves were gone should be treated for that particular disease.—A. That is true, but in some cases the best treatment is to get them at work. In other words where a man is almost insane, a border-line case as it is called, you want very drastic treatment.

Mr. NESBITT: Did the Commissioners say anything with reference to that question which has risen so often about the men being accepted? They only receive pensions in proportion as service has disabled them. There has been a good deal of contention that as they were accepted by the medical boards when they first enlisted, that disability previous to enlistment should not prevent them getting full pension.

Mr. ROSS: That is one of the points we want to bring up in the new legislation—in reference to the disability existing previous to enlistment.

The CHAIRMAN: Col. Labatt made a recommendation which was embodied with other recommendations which Mr. Archibald was to give us later that if the disability from which the man was suffering did not develop within three months after enlistment he should be treated as physically fit when he enlisted and that his pension should be granted accordingly.

Mr. POWER: That will be a question of evidence. I have seen men who three months after enlistment could not take a long march, but would drop out. The M.O. would probably say they were malingering, but six or eight months afterwards these men would suffer from angina pectoris or some heart disease and would be sent back. Would his disability whilst in England before going to the war count, and if so, where is he going to get his evidence? These men have dropped out and are scattered all over the country.

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WITNESS: If he were on hospital admission——

Mr. POWER: It is not a question of hospital at all. It is a question of the man who would drop out, and perhaps the M.O. would say, "Light duty."

WITNESS: No record is kept of anything except hospital admissions.

Mr. POWER: This man has no evidence, but he might have a disability.

Mr. ROSS: It would be a question of whether he had a disability pre-existing his enlistment.

Mr. POWER: This case would probably be pre-existing.

Mr. ROSS: As Col. Labatt said, the Board of Pension Commissioners is not satisfied with the fairness of the present order in council under which we are working. For example, take the case of a man who had some slight disability pre-existing enlistment. If he were to carry on in the ordinary civil life the chances are that the disability would never develop, but the hard work of active service or training for active service would develop that disability pre-existing enlistment to such an extent that that man would be 50 per cent disabled for civil life in the future. A man may have something slightly wrong organically, but he might go through life and it would never bother him, but because he joined the service the ailment developed and his earning capacity was reduced. Is it not fair that he should receive a pension when disabled? Our recommendation is along that line.

Mr. POWER: Referring to Col. Russell's statement with regard to functional disability, I quite agree with him that these are probably diseases of the mind. I wish to put on record the practical view that I do not think anybody who has once suffered from shell-shock can be sent back to the front. Col. Russell said he should be sent back to the firing line.

WITNESS: As to the first point, you must not misunderstand Col. Russell. His point is that if a man has an imaginary disease he should be treated and you should not turn him loose with a pension. Treat him first because you know you can remove that disease. Take the man with a paralyzed leg; if he had been properly treated he would have been turned out with a sound leg. He went out with a paralyzed leg and got 100 per cent.

Mr. POWER: I do not believe you can carry on miracles of that kind. I agree that to a certain extent there are imaginary diseases, but I do not agree that you can lay down as a general principle that a man who has suffered from shell-shock, with a paralyzed leg, for instance, can be cured by talking to him. I think he should receive a pension.

WITNESS: I have seen a man walk into the Babinski clinic in Paris with a paralyzed arm, one arm in a sling; half a dozen different doctors examined it. The man was sent there by a surgeon to have his arm put in splints. The batteries were put on the arm and proof was given that the arm was all right. He was paralyzing himself. He was taken into a room and talked to, and was asked to hold up his arm. He held it up—though the arm was weak because the muscles were wasted. The doctor then said, "Catch this," and threw a ruler at him, and he caught it. The doctor said, "Come back to-morrow morning and you will be all right," and he did come back with his arm all right. You can see it yourself any day you want to. You ask how these miracles are done: the answer is, "by knowledge."

Mr. NESBITT: It was faith cured those fellows.

WITNESS: Exactly, sir.

Mr. POWER: I do not think you should refuse a pension on that ground.

WITNESS: If you put the batteries on a man, you have proof that his limbs are sound, just as much as you have proof that you have a dollar in your pocket, or that you have not.

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By Mr. Fraser:

Q. Do you think a man who has been shell-shocked ever is as good a man afterward?—A. No, probably not.

(Hon. Mr. Rowell left the Committee and Mr. Green took the Chair.)

By the Chairman (Mr. Green):

Q. As to Col. Russell's suggestion that there should not be a pension, as I understood him, he said that in those particular cases—I think he called them psychogenic—his recommendation was that as a matter of right no pension should be granted, but that the Pensions Board should protect other cases that were really not functional cases if they were given authority to see whether a man was entitled to a pension, and that in his opinion it would aid in a man's cure. In other words if he knew that he was going to get a pension it would be deterrent to his cure. Do you agree with that?—A. I do not see any necessity for change. I entirely agree with the statement that it is a detriment to a man's cure to know that he has a pension which is going to continue so long as his disability continues, but I think we can meet that point quite sufficiently by leaving the Pension Commissioners as at present with exclusive jurisdiction of the matter, and we can instruct our boards of medical advisers that if they know absolutely that a man has a disease which can be removed by treatment, that they are not to recommend a pension.

Mr. POWER: It seems to me the pensions are not large enough to induce anybody to remain a permanent invalid. The pensions are not sufficient to keep a man from earning an honest living.

Mr. ARCHIBALD: Col. Russell said that the man did not know he was doing it. It was subconscious with him.

Mr. POWER: Suppose he was doing it subconsciously and was doing it to get a living without working, no pension is granted a private which would induce him to abstain from working for the rest of his life.

WITNESS: My idea is that the pension should always be granted in accordance with the disability said to exist by the best medical advice that may be obtained, and therefore that there is no necessity for prohibiting the Pension Commissioners from granting pension in any class of case. That was Col. Russell's suggestion.

By Hon. Mr. McCurdy:

Q. What do the French do?—A. I think they do exactly as I say. As a matter of fact shell shock cases are now kept in hospitals near the firing line. They see the advisability of holding out the inducement to the patients, "Now, if you get better we will let you go home," and they put that forward as a stimulus for the men to do the best they can for themselves. Some men are broken down and you can never get them fit again. There is no use sending them to the firing line, but there are other men who can get control of themselves again and go back to the firing line, and they are better men than before because they know their weakness.

Mr. NESBITT: Did the Commission make any recommendation with reference to cases such as Mr. Sutherland referred to, where the pensioner was very much dissatisfied, that the cases might be reheard?

The CHAIRMAN: They have that right now.

Mr. NESBITT: But they do not get the pension.

Hon. Mr. MCCURDY: It is not an absolute right.

Colonel LABATT: I had a case in Hamilton where a man said, "I want to be boarded, I want a new board. I do not consider I have been getting a sufficient pension. I do not want to be boarded by the board which dealt with my case before." I sent instructions to Hamilton and I notified Toronto, to be re-boarded.

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Hon. Mr. McCURDY: You pay the man, do you not?

Colonel LABATT: We give the man his railway fare, \$1.50 a day if he stays overnight, 50 cents a meal and \$1.10 for every working day he is away.

Mr. SUTHERLAND: How long has that regulation been in force?

Colonel LABATT: I should think about six months.

Hon. Mr. McCURDY: Is there a class of case in which you refuse to open up again the question of pension?

Major TODD: Yes, if we get a case of absolute finality where the case is finished there is no sense in putting the Government to the extra expense of re-examination.

Hon. Mr. McCURDY: I think I have written to the Pension Board in six or eight cases where the applicants wanted to be re-heard and the answer was the same in every case that it could not be re-opened.

Major TODD: If we have a case like an amputation case where there is no suggestion of pain, where there is nothing new in the case, it would be senseless to put the Government to the expense of another board. In that case the man is communicated with, and we say to him: "There is nothing in your case to justify the expense of another board." In some cases that satisfies the man, but if it does not he is told that if you will get another medical man who will say that is need for another board, and if that board supports the finding of your own practitioner, your own practitioner's expenses will be paid.

Hon. Mr. McCURDY: I am not questioning that at all, but I have been forced to the conclusion from my experience in communicating with the board in such cases that if he will get another medical man who will say that there is need for another board, and if that board supports the finding of his own practitioner, his own practitioner's expenses will be paid.

Mr. CRONYN: Does not that involve the old question that there should be a right of appeal from the decision of the board?

Witness retired.

Committee adjourned until 10.30, Thursday morning, 'May 9.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 318.

THURSDAY, May 9, 1918.

The committee met at 10.30 o'clock a.m. Hon. F. B. McCurdy presided at the commencement of the proceedings owing to the Chairman's unavoidable engagement elsewhere. Hon. N. W. Rowell arrived and took the chair.

Members present: Messrs. Cronyn, McCurdy, Nesbitt, Nickle, Pardee, Redman, Rowell, and Sutherland—8.

The committee proceeded to hear the evidence of Mr. Archibald, who was recalled, respecting the question of pensions for Imperial reservists; also, upon various recommendations which have been submitted to the committee from time to time during the course of its proceedings. The witness also produced a classified list of disabilities showing a total number of 19,200 disability pensions from the commencement of hostilities to 28th February, 1918. Lt.-Col. D. McGillivray, of the Medical Board of Consultants, was also recalled.

The committee again considered the letter and suggestions received from the Great War Veterans' Association, dated May 7, which was ordered extended in the records; also a letter from Mr. Knight, of the G.W.V.A. for Canada, which was ordered printed.

The Chairman read a copy of his reply to the letter received from Mr. H. H. Stevens, M.P., relating to the case of Col. Labatt's pension disability, which has been, and is being, considered by the committee. The attention of the committee was also directed to a statement which appeared in the *Ottawa Citizen* of Thursday May 9, and which is incorrect when it states that said letter was placed on the records of the committee without being read; and also to an item which appeared in the *Journal-Press* stating that this letter had been made public by Hon. N. W. Rowell, which is also incorrect, as the members of the committee know. The letter has been in the custody of the secretary ever since it was submitted, and the secretary also states that the letter was not made public by him.

The committee, on motion of Mr. Nesbitt, then adjourned until Friday, May 10, at 10.30 o'clock a.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

APPENDIX No. 2

MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,

COMMITTEE ROOM 318,

THURSDAY, May 9, 1918.

The committee met at 10.30 a.m. Hon. Mr. McCurdy presiding Chairman.

KENNETH ARCHIBALD recalled.

By the Chairman:

Q. You have a statement to make with regard to the policy of other countries in pensioning reservists of the allied forces?—A. I have here a copy of the Australia war pensions hand book, which was issued under the authority of the treasurer of the Commonwealth of Australia. It gives full and detailed instructions with regard to pensions in Australia. I was asked the other day to say what Australia was doing with regard to the question of pensions for Imperial reservists. In this hand book I find the following statement:—

“Imperial reservists: The provisions of the Act extend to the case of any soldier of the Imperial Reserve Forces called up for active service who, at the commencement of the state of war referred to in the Act, was bona fide resident in Australia, as if that soldier were a member of the forces as defined in this Act.”

So that Australia does make provision for Imperial reservists.

Q. To the same extent as for their own soldiers?—A. Yes, for the ones living in Australia at the time war broke out who were reservists of Imperial forces. It goes on to say:—

“A pension is not payable in the case of any such reservist to any person who is not bona fide resident in Australia.”

That is the person must have been a bona fide resident in Australia before war broke out, and have come back and been a bona fide reservist in Australia after his return.

With regard to the question of prospective dependency regarding which I was asked the other day to find out what other countries were doing, this book states in one paragraph that the father, mother, grandfather, grandmother, etc., are entitled to pensions at such rates as are assessed if they were wholly or partly dependent on the member of the force within twelve months prior to his enlistment or appointment. It goes on to say in a subsequent paragraph:—

“Parents without adequate means of support: The parents of any member of the forces who at any time after the occurrence in the event resulting in his death are without adequate means of support may be granted pensions.”

So that in Australia they do grant pensions in cases of prospective dependency.

I have here a returned soldier's Hand Book published by the Government of New Zealand. I can find nothing in it in regard to pensions for Imperial reservists. In regard to the question of prospective dependency, however, I find that a dependent may be a wife, child, father, mother, grandfather, grandmother, etc., and except in

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the case of the wife or child, must have been wholly or in part dependent upon the earnings of the soldier during the year immediately preceding the date of the soldier's attestation.

Then it goes on to say in the next paragraph:—

“A pension may be granted to a father or mother who is not actually dependent, but is without adequate means of support.”

So that again the question of prospective dependency has been dealt with by New Zealand and pensions are granted when the person becomes dependent or in a dependent condition.

Then, I was asked also to say what was being done with regard to sisters over the age of 17 who were crippled or incapacitated. I cannot find anything in either of these books, and I have not any means of knowing what other countries are doing for sisters over the age of 17, but we have in Canada a number of cases of sisters who were wholly dependent upon a brother at the time of his enlistment, and also at the time of his death, who cannot get pensions on account of the fact that our law only provides pensions for sisters who are under the age of 17. We have a case of a Miss X. who is a paralytic, and is continually in bed. She was wholly dependent on her brother at the time he went overseas and also at the time of his death, and is still in a dependent position. We have not been able to grant her a pension; we have a number of other similar cases.

By Mr. Pardee:

Q. You are making grants of pensions to dependents over 17 years of age, irrespective of their condition at all?—A. We only grant pensions to sisters under the age of 17 when they are wholly or mainly dependent on the deceased. We do not grant pensions at all to sisters over 17, because there is no provision in the law allowing us to do so no matter whether they are wholly dependent on the man or not. A dependent sister may receive separation allowance if her case is brought specially before the Governor in Council and the Governor in Council approves of paying separation allowance to her.

By Mr. Nesbitt:

Q. In case of the death of a soldier that ceases?—A. Yes, and the pension does not begin.

By Mr. Nickle:

Q. Suppose a child of a pensioner attains 17 years of age, does the pension cease?—A. It ceases as soon as she attains 17, or if it be a boy, 16.

Q. Suppose she is an invalid and unable to earn her living, have you any power to continue beyond the age of 17?—A. Yes we have the power to continue to children not the brothers or sisters of the deceased, until they reach the age of 21.

Q. Supposing that the child attains the age of 21 and he or she is mentally incapacitated or is otherwise unable to earn a living, have you any power in that case?—A. No, there is no provision allowing pension in that case.

Then I have here a classified list of disabilities, showing the number of cases, and the percentage of the number of cases of various kinds, eye-sight cases, wounds, and injuries to leg, etc. It might be interesting to members of the Committee to have this statement before them.

(Statement filed and placed on record as follows):—

APPENDIX No. 2

THE BOARD OF PENSION COMMISSIONERS.

OTTAWA, April 4, 1918.

The following is a classified List of Disabilities, for Canadian Expeditionary Force and Active Militia Pensioners, from the beginning of the war to February 28, 1918 (cancellations, etc., included):—

| | | Per cent of Total Number of Cases. |
|--|-------|---------------------------------------|
| Eyesight Cases— | | |
| Total blindness.. . . . | 22 | |
| Loss of one eye.. . . . | 276 | |
| Loss sight of one eye.. . . . | 112 | |
| Defective vision.. . . . | 161 | |
| | 571 | 2.92 |
| Wounds and Injuries to Leg (necessitating amputation)— | | |
| Loss, two legs.. . . . | 6 | |
| “ one leg.. . . . | 377 | |
| “ two feet.. . . . | 2 | |
| “ one foot.. . . . | 30 | |
| “ all toes one foot.. . . . | 4 | |
| “ four toes and two great toes.. . . . | 1 | |
| “ four toes.. . . . | 4 | |
| “ three toes.. . . . | 2 | |
| “ two toes.. . . . | 11 | |
| “ one toe.. . . . | 9 | |
| “ great toe.. . . . | 6 | |
| “ distal phalanx great toe.. . . . | 2 | |
| | 454 | 2.36 |
| Wounds and Injuries to Arms (necessitating amputation)— | | |
| Loss, one arm.. . . . | 167 | |
| “ one hand.. . . . | 27 | |
| “ all fingers both hands.. . . . | 1 | |
| “ all fingers one hand.. . . . | 2 | |
| “ four fingers.. . . . | 6 | |
| “ three fingers.. . . . | 14 | |
| “ two fingers.. . . . | 38 | |
| “ one finger.. . . . | 68 | |
| “ thumb.. . . . | 11 | |
| “ thumb and five fingers.. . . . | 1 | |
| “ “ and three fingers.. . . . | 1 | |
| “ “ and two fingers.. . . . | 8 | |
| “ “ and finger.. . . . | 5 | |
| “ distal phalanx thumb and four fingers.. . . . | 1 | |
| “ “ “ three fingers.. . . . | 3 | |
| “ “ “ finger.. . . . | 3 | |
| “ two phalanxes, two fingers.. . . . | 1 | |
| “ distal phalanx, three fingers.. . . . | 3 | |
| “ “ one finger.. . . . | 1 | |
| “ “ thumb.. . . . | 5 | |
| “ “ two fingers.. . . . | 1 | |
| | 368 | 1.92 |
| Wounds and Injuries to Leg (not necessitating amputation)— | | |
| Wounds, leg.. . . . | 1,854 | 9.65 |
| Wounds and Injuries to Arm (not necessitating amputation)— | | |
| Wounds, arm.. . . . | 1,490 | 7.76 |
| Wounds and Injuries to Head— | | |
| Fractured skull.. . . . | 244 | |
| Injuries to head.. . . . | 198 | |
| Injuries and fractures.. . . . | 59 | |
| Jaw—Loss, teeth.. . . . | 13 | |
| | 514 | 2.68 |

[Mr. Kenneth Archibald.]

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CLASSIFIED LIST OF DISABILITIES, ETC.—*Continued*

| | | Per cent of Total Number of Cases. |
|--|--------|---------------------------------------|
| Chest Complaints— | | |
| Pulmonary tuberculosis.. . . . | 1,522 | 7.93 |
| Pleurisy.. . . . | 111 | |
| Pneumonia.. . . . | 79 | |
| Emphysema.. . . . | 34 | |
| Empyema.. . . . | 66 | |
| Influenza.. . . . | 11 | |
| Asthma.. . . . | 241 | |
| Effects, gas—bronchitis, etc.. . . . | 624 | 3.25 |
| Disease, wound, lung.. . . . | 64 | |
| Wound, chest.. . . . | 150 | |
| | 2,902 | 15.12 |
| Heart Disease— | | |
| Valvular disease, heart.. . . . | 732 | |
| Disordered action, heart (tachycardia, etc.).. . . . | 478 | |
| Myocarditis.. . . . | 94 | |
| | 1,304 | 6.79 |
| Epilepsy— | | |
| Epilepsy.. . . . | 130 | 0.68 |
| Nervous Diseases— | | |
| Effects shock and shell explosion.. . . . | 912 | 4.75 |
| Nervousness.. . . . | 202 | |
| Neurasthenia.. . . . | 415 | |
| Cerebral meningitis, spinal, etc.. . . . | 51 | |
| Partial paralysis.. . . . | 17 | |
| Neuritis.. . . . | 27 | |
| Locomotor ataxia.. . . . | 6 | |
| Neuralgia.. . . . | 4 | |
| | 1,633 | 8.51 |
| Insanity— | | |
| Insanity.. . . . | 131 | 0.68 |
| Deafness— | | |
| Total deafness.. . . . | 37 | |
| Partial deafness.. . . . | 595 | |
| | 632 | 3.29 |
| Disease leg.. . . . | 1,161 | 6.05 |
| Disease arm.. . . . | 52 | 0.03 |
| Nephritis cases.. . . . | 465 | 2.42 |
| Total number of disability pensions including gratuities.. . . | 19,200 | |
| (Classified disabilities).. . . . | 13,661 | 71.15 |
| (Miscellaneous disabilities).. . . . | 5,539 | 28.85 |

Then I was asked to bring forward certain suggestions as to amendments to the present regulations, I had hoped that this committee would be able to report on the whole pension regulations, but it seems that that will be impossible. I had drawn up a draft bill, which consolidated or changes the regulations from beginning to end; that is to say it puts the whole thing in different language, I have taken from that bill a number of points which I would like to bring up.

By Mr. Cronyn:

Q. These are the things, I take it, you think should be considered at this session?
—A. These are the ones that I think are immediately necessary. It is not my business, of course, to say that the committee should make one report or another report, but I had hoped the committee would report in favour of amending the whole regulations by Order in Council and then we could get the whole thing in the language which seemed last year to Mr. Nickle, Mr. Gisborne and myself, to be the best language to use. The language now used is the language of a report to Parliament, and the report has been amended so many times by Order in Council, that it is somewhat difficult to anyone

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coming into the office to appreciate the regulations as a whole. If we could have the whole thing done over again as amended, it would result in increased efficiency in our office. That is why I drew up that Bill.

By Mr. Nickle:

Q. When the report was adopted by the House you will remember that it was in the form or language of a report; then the Order in Council that was passed simply made the report an Order in Council, changing the number of the sections. What you mean is that the whole legislation should be put in the form of an Order in Council, expressed as a statute should be expressed?—A. Yes, and besides that, all the amendments which have been made can be inserted and compiled as it were. There must be I suppose 10 Orders in Council passed amending P.C. 1334 of June 3, 1916, and I have tried to put these amendments into this Bill. Some of the present regulations are a little bit incomprehensible. Sometimes the wording of it prevents the pension commissioners from awarding a pension, when their interpretation of the intention of the committee which drew the regulations would warrant pension being granted. I feel confident in saying that not more than ten or fifteen of the sections are applied strictly. We have to go outside the regulations quite frequently, in order to do what we consider is absolute justice. This draft bill is so worded that if it is adopted, we shall not have to go outside it at all.

By Mr. Pardee:

Q. The Bill you have drafted here is giving effect to what your practical experience of the past year or two leads you to believe is necessary, in order to carry out the intentions of the regulation?—A. That is what it amounts to.

By Mr. Nesbitt:

Q. It is simply embodying the original Order in Council in all these regulations?—A. Yes, with modifications which have been shown to be necessary by experience. I have taken from this Bill a lot of points which seemed to be immediately necessary, at the same time if the Committee desires to consider the draft Bill instead of considering these points, it might be preferable.

By Mr. Cronyn:

Q. It seems to me that if we have the time it would be a very much more thorough job to consider the draft Bill which could very easily be turned into a report.—A. It would be very easy to do that. The report simply read "That the following provisions should be incorporated in an Order in Council," and then set forth the provisions of this draft Bill as it may be amended by the Committee. The Bill is drawn simply for the consideration of this Committee and may be amended.

Mr. NESBITT: I think we should go over the Bill.

By Mr. Cronyn:

Q. This Bill was drawn after consultation not only with your staff but with others who were interested?—A. Mr. Nickle, Mr. Gisborne, and I, last year, went over a Bill drafted by Mr. Gisborne, and we spent probably the whole of fifteen days on it. That Bill was supposed to be before Parliament last session, but it did not come up. Then the Minister of Finance, who was at that time our minister, wrote to the Board of Pension Commissioners and requested that the Bill be gone over again and made ready for us to bring up this session. I thereupon kept on going over it from time to time and made certain changes in that Bill which were dictated by experience, and this draft Bill is the former Bill changed sometimes in wording here and there, but mostly changed from the point of view of experience gained during the last year. I might perhaps before you start to consider the Bill just state a few of the points which it seems are absolutely necessary for immediate consideration. One of the

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points is this, that the regulation now in force with regard to the awarding of pensions to dependents—that is to say, parents or persons in the place of parents—should be amended to provide that pensions be payable to parents or persons in the place of parents who, although not wholly or mainly dependent on a deceased member of the forces at the time of his death, subsequently lose their means of self-support and who would have been, in the opinion of the Board of Pension Commissioners, wholly or mainly dependent on the deceased member of the forces had he lived. That provides for the case of prospective dependency. Another provision is “that the full pension be not necessarily paid to a parent who has only been partially dependent on a deceased member of the forces, but that pensions to parents be paid in accordance with the amount considered sufficient by the Board of Pension Commissioners to provide such parents with maintenance when added to the income of such parent in accordance with the rank of the deceased.” This provision would apply to the case of a woman who is now in receipt of an income of \$20 or \$30 per month. In such a case we would not necessarily give her the full pension of \$40 a month, but only a sufficient amount which added to her income of \$20 a month would give her sufficient to live on.

By Mr. Nesbitt:

Q. You want authority to use judgment as to the needs of the dependent?—A. Yes; we very frequently find cases in which the dependent has an income of, say, \$30 per month, and if we are going to give her a pension at all, we must give her the full pension of \$40, which gives her an income of \$70. Another case may come up on the same day in which the woman has been absolutely dependent on the deceased, and we give her \$40. We cannot give her more, although she may be living next door to the woman who has an income of \$30 of her own, which plus \$40 pension gives her an income of \$70 per month. We think both women should be placed on a par.

Q. That is rather opposed to our theory that pensions should be granted regardless of the earning powers of the soldiers?—A. Perhaps I had better explain the two ideas. The one idea which applies to the soldier and to his widow and children is that the country owes an absolute debt of a certain amount of money figured in accordance with the pension scale. The principle which is applied to the widowed mother or parent is not the same at all; it is this: that the country owes to the parent or widowed mother a debt of maintenance only; not an absolute debt, but a debt which should be considered in its relation to the possible income of the person receiving the pension, and the support which that person has received from the soldier previously. The reason for the difference in principle is that the soldier is absolutely bound by law to look after his wife and children, whereas by law, except in the province of Quebec, he is not bound to look after his mother or his father. Even in the province of Quebec the legal principle is that the parent shall only be entitled to receive from the son support in accordance with his earning capacity and his or her needs, and cannot get support at all from him unless he or she needs it. The proposal is to make the province of Quebec rule more or less apply to pensions to parents, namely, that they should receive pension when they need it, but should not receive pension when they do not need it.

Q. Except in the case of the wife and children?—A. Yes, when I speak of dependent I mean dependent—father and mother.

Q. Outside of the wife and children?—A. Yes, they are called dependents in our law. The word “dependent” is only used in reference to parent.

By Mr. Cronyn:

Q. It is not used as to wife and children?—A. No, it simply says, the widow of the man, but when it comes to a widowed mother, wholly or mainly dependent upon the man. That is the only place in law in which the word “dependent” is used, except in regard to little brothers and sisters.

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Q. Was there not a line of reasoning that if you applied the dependent rule to the soldier, and to a less extent to his widow, you might kill all initiative or desire to better himself.—A. Yes, no doubt. In France and England they had a rule that when a man was able to earn a living his pension should be discontinued. In England they used to give, I think, 25 shillings and sixpence. Ten shillings and sixpence was the minimum pension. You could not take any of that away, but as soon as the man began to earn, if he earned 15 shillings a week, they would take away 15 shillings from his 25 and 10 pence, and the result was, according to books I have read on the subject, that that produced a race of no-goods, that these people simply said, "I won't work, because if I work I do not get any value out of my work up to 15 shillings", and the same thing happened in France. In England and France they have adopted the principle that the pension shall go on, irrespective of the earning capacity of the man. The principle, however does not apply to the widowed mother, because she is generally of an age where her work will not be much value to the country. She is generally between 50 and 70 years of age, and it is not expected a widowed mother will work. It is only expected that she will continue to live in a fair degree of comfort. It is also considered that \$40 a month should maintain her in a fair degree of comfort.

By Mr. Nesbitt:

Q. And she would be pensioned in accordance with her needs?—A. In accordance with her need and the rank of the deceased and naturally in accordance with the pensions scale.

(At this point Hon. Mr. Rowell took the Chair.)

The CHAIRMAN: We wish to obtain some information from Col. McGillivray and Mr. Archibald may resume later.

Lieutenant-Colonel DONALD MCGILLIVRAY appeared at the request of the committee.

By Mr. Nickle:

Q. I understand the chairman asked you to appear this morning and give us some information in reference to Colonel Labatt's pension?—A. Yes.

Q. Were you one of the board that examined Colonel Labatt recently?—A. Yes, here in Ottawa.

Q. Do you recollect the findings of the other boards, or would you prefer to have them before you?—A. Well, I understand the finding of the other board was total disability.

Q. Do you know the contents of their report?—A. No, I do not know what they based that on. It was referred to us for examination to see whether it was total disability or not, and that is all we were called upon to do.

Q. Your report was only as to his condition at the time of his examination?—A. At the time we saw him.

Q. In your judgment was Colonel Labatt at the time he enlisted suffering from the disability in respect of which he was allowed a pension?—A. The great probability is that when Colonel Labatt enlisted his heart was not normal. What degree of abnormality there was, if any, I cannot state, nor can anybody else, except those who examined him at the time of his enlistment. Certainly his heart could not then have been as it is now, because a tyro could detect the trouble without putting the stethoscope on him in his present condition. At the time he enlisted the great probability is that it was not normal.

Q. Then in your opinion Colonel Labatt's disability was a progressing one?—A. Yes.

Q. The inception of which was prior to enlistment?—A. I should think so.

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By Mr. Nesbitt:

Q. In other words, if he had been as bad as he is now, he could not have gone to the front?—A. No, certainly could not.

Q. Have you any means by which you could determine to what extent his disability had progressed at the time he enlisted?—A. Quite impossible for us to state that. I would not think his heart could have been normal. The great probability is that his heart was not normal at the time he enlisted. The trouble could arise in that time, but it is not probable that it would. It is exceedingly difficult to say when these heart conditions start, and what provokes them, but under strenuous work they increase very rapidly.

Q. Would you think the ulcer from which Colonel Labatt had suffered and other troubles that he had?—A. You mean the operations he had?

Q. Yes. Did they result from his heart condition, or do you think his heart condition resulted from them?—A. I think certainly his heart condition was greatly aggravated by the severe operations he went through, undoubtedly.

Q. For instance, Colonel Labatt seemed to have been troubled with ulcers of the bowel?—A. Yes; he had two or three major operations, I believe.

Q. Long before he joined the forces?—A. I do not know whether he had an operation before or not.

Q. I said that he suffered with the ulcers?—A. His heart at present is enormously enlarged, and it might cease functioning at any time. His present disability is certainly 100 per cent. As to when that started, when it was initiated, I cannot state, but the great probability is that it was prior to enlistment.

Q. The Board of January, 1915, states that he has suffered occasionally from duodenal ulcer of many years standing and a severe hemorrhage occurred from it with mæna following, and that it would be unsafe for him to proceed to the front. Would that ulcer have caused the heart condition, or would the heart condition have caused the ulcer?—A. I do not think that ulcer would cause the heart condition, and I think, judging from the size of his heart, that he has had myocarditis for some years. That means weakened heart muscles. That is caused by intestinal constipation. Anybody suffering from intestinal constipation is very liable to be affected with myocarditis, and the intestinal constipation not infrequently accompanies ulceration of the bowels. I cannot say whether that is the case with him or not. You can readily see that if it was an accompaniment of the ulcer that it would tend to increase the toxine absorption from the intestinal tract, which does undoubtedly affect the heart muscles. His heart is now enormously enlarged and I should judge from that fact that he had myocarditis for some time. That is his heart is dilated and hypertrophied in part. He may live ten years. It is impossible to give a prognosis regarding the heart that one could depend upon.

Q. You would be prepared to say, judging from the conditions as you found them on the last examination that the probability is that in your judgment it had preceded the enlistment and had been a gradual development?—A. In my judgment that is the supposition.

By Mr. Pardee:

Q. Aggravated by service?—A. Oh, very much.

Q. Will you state shortly what your position is?—A. I am on the Consultant Board of the D.G.M.S.

Q. What are your duties?—A. I have been going the length and breadth of the land visiting different hospitals and seeing if men are getting proper pensions, if they are being held too long in hospitals, and regulating things, and seeing that there is uniformity of treatment throughout the length and breadth of Canada.

Q. You are consulted upon cases such as Col. Labatt's?—A. Oh, yes.

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By the Chairman:

Q. As I understand it the Board of Consultants is composed of a number of medical men, each a specialist in his own department?—A. Yes.

Q. What is your speciality?—A. Internal medicine. I only deal with medicine.

Q. If a question were referred to the Board of Consultants relating to heart trouble, in a matter of this kind, would you be a specialist in that department?—A. Yes, I would in all probability be called upon to pass judgment on it. An illustration of the difficulty presented in heart cases and the impossibility of making a prognosis of definite value, prior to my leaving early in 1915 I had a patient at home, a servant in the Ontario Government, a terribly bad heart case and I told his wife I did not think he would live more than a few months. Well, that is the first man I met in Toronto after an absence of two and one half years, and he was carrying on his work and I inquired from him with regard to his wife, and he said, "Did you not hear that my wife died of heart disease." I knew she had a slight condition of heart disease, but he had a very aggravated form. He was carrying on and she was dead. So that it is very difficult to give a definite prognosis in relation to heart trouble. It is very uncertain.

By Mr. Nesbitt:

Q. No doubt when you examined him he was fully incapacitated?—A. Oh, yes, 100 per cent disability. He cannot go upstairs without puffing. He cannot engage in ordinary conversation without getting quite breathless.

By Mr. Nickle:

Q. The board of June, 1915, answered the following questions, as this report shows:—

"Was the disability contracted in the service?—Yes.

"Was it contracted under circumstances over which he had no control?—Yes.

"Was it caused by military service?—Yes.

"If caused by military service, to what specific condition is it attributable?—To active service."

What would you think of that?—A. That may be all right. I told you what the probabilities were.

Q. You are just speaking hypothetically?—Yes.

Q. Do you know anything about Senator Bradbury's pension?—A. I do not know anything about it except what I see in the papers.

Q. Does this arterio sclerosis develop slowly?—A. Yes, quite progressive and slow.

Q. What term of years does it ordinarily take to develop?—A. I have seen a child of twelve years of age who virtually was eighty. There is an adage, "You can say in medicine that a man is as old as his arteries," and there is nothing truer in medicine. You may get a child of twelve years of age who is really eighty, judging by his arteries. On the other hand, you might get a man of eighty who is fifty or sixty, judging from his arteries. Arterio sclerosis usually starts in any time from forty on.

Q. Dr. Lafleur, of Montreal, in his examination of Senator Bradbury states that in his opinion the disability all developed subsequently to his joining the C.E.F.; that is, in a period of eighteen months.—A. That would be very rapid.

Q. What would your judgment be in a matter of that sort?—A. I would judge it is a very rapid onset.

Q. The first board that examined Senator Bradbury said he was suffering from a 75 per cent disability. The Pension Commissioners found that two-thirds of that had developed subsequent to enlisting in the forces. The Montreal expert said he was

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under a disability of 80 per cent, all of which was contracted since joining the forces. Assuming the present day disability between 75 and 80 per cent, would you think that would likely develop, or would it not, in the space of two or three years?—A. If it is just a straight arterio sclerosis with no complications—of course, heart conditions and kidney conditions are very quickly engrafted on arterio sclerosis—I cannot say whether he has those complications or not.

By Mr. Nesbitt:

Q. What condition?—A. Heart and kidney conditions are very quickly engrafted upon or complicated with arterio sclerosis.

Q. That is the veins closing up?—A. Getting hard and inelastic, and the circulation is interfered with on that account, on account of the collapsible elastic tubes. A continuous flow of blood is coming up from the tissue, and when the vessels become hard that flow is interfered with and the quantity of blood coming through the kidneys is interfered with, and very often you get kidney complications on top of your arterial condition, and the harder the vessels get the stronger the pump must be, which is your heart, in order to force the blood through. So that you quickly get a heart enlargement, and with that some dilatation, and with that a crippling of your circulation.

By the Chairman:

Q. In the evidence of Colonel Belton given on Tuesday you will find a record of the medical board on Colonel Bradbury. You might read it. On page 27 of the evidence.—A. (after reading) Angina pectoris is not infrequent with arterio sclerosis.

By Mr. Nickle:

Q. Have you read the file?—A. Yes.

Q. Having read the file, what, in your opinion, is the probability as to disability, under which Senator Bradbury was suffering at the time of enlistment?—A. The senator is 59 years of age now; born in June, 1859, that would leave him 59 years of age in June, so that he would be about 56 when he enlisted; well, I think 60 per cent because all the man's arteries are beginning to thicken up at that time of life. His service undoubtedly brings on angina pectoris which is a part of his condition at the present. A man cannot do anything that requires exercise without being breathless and the pain of angina pectoris is very heavy, it totally incapacitates a man, there is no question at all about that, and, judging from that history and the man's age he should have that 50 per cent which would not have been more than that man was entitled to.

Q. Fifty per cent disability, or 50 per cent pension?—A. Oh a greater disability than of 50 per cent, I should have said 50 per cent pension was not excessive.

Q. You think that the pension granted was reasonable?—A. I should have thought it was very reasonable, and certainly not excessive; it is a very reasonable award, I should say.

Q. Would his case be aggravated by service?—A. It would be, very much.

By Mr. Pardee:

Q. What are the usual causes that bring about angina pectoris in arterial sclerosis?—A. Angina pectoris is one of the symptoms of arterial sclerosis.

Q. What brings that on?—A. Sundry things, a man cannot do strenuous physical work or strenuous mental work over a length of time; again a terrible intestinal absorption tends very much; alcohol, syphilis, and a number of things bring on arterial sclerosis.

By Mr. Nesbitt:

Q. Alcohol is very bad is it not?—A. Well, I have known some men who lived to be 90 and who drank like fish all their lives. You see we are not all alike as regards [Lieut.-Col. McGillivray.]

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the tubing put in our human anatomy; all of you who have anything to do with an automobile know of the difficulties you encounter in connection with the tubing, and the human system is the same. There is no truer saying in medicine than that a man is as old as his arteries, and we do not all start off even.

By Mr. Nickle:

Q. Since I last spoke to you they have brought up Colonel Labatt's file; will you look over that file and see if there is anything there to change the view you then expressed?—A. When we saw Colonel Labatt, this is his file here, we took his condition as it was then, and as he expressed it to us; I examined him carefully and then he went away; (examines file) there is no board here that goes into his personal history as to what he suffered at any time.

Q. The first Board is January, 1915.—A. There is nothing here except that it states that he was an athlete, and the probability is that he may have an athlete's heart, I cannot say.

Q. Is there anything further you wish to say?—A. Nothing more.

Witness retired.

Mr. KENNETH ARCHIBALD (recalled): "The third suggestion was that brothers over 16 years of age and sisters over 17 years of age should be pensionable at the rates provided for orphan children when the deceased was their whole or their main support, and when they are incapacitated through age or infirmity from earning a livelihood." At the present time we only give pension to children under the age of 16 and 17, that is to say, brothers and sisters under those ages, but we have a number of cases, as I explained before of crippled sisters, who were wholly supported by the deceased before he died, and probably before he enlisted, who are not provided for under the present pension regulations.

By Mr. Nesbitt:

Q. You only provide for the "wholly" class there?—A. No, "whole or main" and the provisions would be regarding brothers and sisters, the same as with regard to parents. That is to say, that partial pension might be given to them if they were only partly dependent and that the full pension would only be given when they were wholly dependent.

The next suggestion refers to allied reservists, as follows:

"That in the case in which any person who was domiciled in Canada left Canada for the purpose of serving, and served with the Forces of one of the Allied Nations in the present war, and when he, his wife, his widow, his children, his parents or dependent has again taken up residence in Canada, or has continued to reside in Canada, the pension awarded by his own country, should be supplemented in such a manner that the total pensions shall be equivalent to the amount of pension that would have been received had such person served in the Canadian Expeditionary Force. That if any such person should subsequently leave Canada the supplementary pension awarded by Canada should no longer be paid."

That simply provides that if a man is killed the widow will get the British Pension plus a supplementary pension to make her total pension equal to that of the Canadian widow.

By the Chairman:

Q. Have you any figures upon which one could estimate the annual financial demand this would make upon the Canadian Government?—A. No, I have no figures whatever as to that. All that I know is that the Canadian Patriotic Fund, I think

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it was Sir Herbert Ames, said there were a large number of wives of reservists overseas being assisted by the Canadian Patriotic Fund—both British and French, I do not know whether he mentioned any Italians.

Q. Can you get for us the information which we asked for the other day as to the number of reservists of Great Britain and the Allied Nations, who were residents in Canada, and who have gone across to fight so that we should be able to form some estimate of what the financial charge would be if this recommendation were carried out?—A. I will try to find out. There may be some difficulty in it, but I shall try to get that information, probably from the Department of Militia and Defence, and probably I may get some information on the subject from the Patriotic Fund, but it may take some time to get.

Q. Your board has not considered what the financial charge would be to give effect to this?—A. We have not considered it in any way whatever.

Q. Have you considered what the financial charge would be to give effect to any of your recommendations?—A. No, I cannot say that we have worked it out from an actuary's point of view in any way, but we have thought it over, and we simply put adjectives to it, big or small, or slight, but never figured it out actuarially at all.

Q. Can you give us any estimate at all under classes 1, 2, 3, and 4 what the financial charge would be, or whether it would be large or small?—A. With regard to the first suggestion, namely, that prospective dependency be taken into account, that would eventually cost the country a very large amount of money, because when a widowed mother or father reached a certain age, or become incapacitated, he or she would become pensionable, whether the son had supported him or her or not, provided, of course, that, in the opinion of the Board of Pension Commissioners, it was considered the son would have supported him or her. The result is that a very large number of old people will be pensioned for a short number of years. The second suggestion, which provides that a partial pension may be paid to the dependents who are only partially dependent, would save the country a great deal of money, because, as it is at present, we must either give the full pension or nothing at all. If we could give them a half pension or quarter pension in those cases in which a half pension or quarter pension would be quite sufficient to provide maintenance when added to the income of the mother or father, a great amount of money would be saved. I think the saving under Section 2 would offset the expenditure under Section 1. With regard to the third suggestion—that is the pension to incapacitated brothers and sisters over 16 or 17—I think that would cost a very small amount of money indeed. I do not suppose there would be altogether more than possibly twenty-five cases altogether. Further, they would only be pensioned at a small rate, not to exceed \$192 per annum, which is the amount paid to orphan children.

By Mr. Pardee:

Q. I notice that you make that recommendation \$192 per annum. Would you consider that adequate in the case cited this morning?—A. In that case this particular lady has a certain amount of other support. I do not think \$16 a month is adequate at all.

Q. Supposing they were totally dependent, would that amount be sufficient?—A. I do not think \$16 a month is sufficient to support any grown person.

Q. Would you under those circumstances leave a discretionary power with the commissioner, or would you make it a fixed sum?—A. I think I would make it a fixed sum, for the reason that it is not expected a soldier will support a sister for ever. In fact, it is so little supposed that a soldier would support a sister on the average that no provision was made for sisters.

Q. In the other regulations you have given us in other countries, are sisters provided for?—A. I cannot say that.

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Q. In the other regulations which you have gone over, are dependents such as that provided for?—A. I think they are provided for as special cases only in some countries. In most cases they are not provided for at all.

Q. In Great Britain?—A. Not at all.

Q. In Australia or New Zealand?—A. Yes, in Australia it provides for brother, sister, or mother-in-law, but they have to prove they are without adequate means of support. In Australia they provide for a father, mother, grandfather, grandmother, step-father, step-mother, foster-mother, son, daughter, grandson, grand-daughter, step-son, step-daughter, brother, sister, half-brother, half-sister, adopted child, mother-in-law, and ex-nuptial grandchild. Those are what they call 'other dependents.'

Q. Are the Commissioners there given a discretionary power?—A. This is merely a booklet from which I am reading, and it is not the law. This simply is a handbook to be given the soldier, and tells him how to go about things and how much he is going to get.

Q. And you do not know exactly what the law is?—A. No, I cannot say definitely exactly what the law is. The conditions which obtain in Canada are fairly well known to us, especially on the Board of Pension Commissioners from the point of view of pensioners, but we have not any idea what the conditions which obtain in Australia are. In Australia they might have some reason for giving pension to an ex-nuptial grand-child, but it seems to me you go a very long distance when you bring them in. I should say, if necessary that you should put a clause into the pension regulations which would provide that the pension commissioners should have discretion in case of hardship to award a pension at any rate they saw fit.

By the Chairman:

Q. There are two or three suggestions here on which we might have information. No. 5 reads:—

"That members of all the Canadian naval and military forces should be pensionable at the rates which are provided for members of the C.E.F. and the naval force, provided that before disability or death of a member of the Canadian militia or permanent force becomes pensionable, proof be furnished that the disability or death is clearly attributable to service."

Q. What point do you make in regard to that?—A. The point I mentioned the first day, namely that the disability is the same, and is suffered frequently under similar conditions, but the pension is absolutely inadequate when it comes to militia men. It is adequate, or presumed to be quite adequate in case of the C.E.F. A member of the C.E.F. receives a pension of \$600 for total disablement, and a member of the militia receives a pension of \$264. Furthermore there is no differentiation between members of the naval force who do not see active service—that is to say on sea—and those who are on land. They are all entitled to pensions at the rates paid to the C.E.F. I do not know much about the navy, but I know quite well that there are certain members of the naval force who have not seen active service, and are not intended to see active service. It is similar to the militia men.

Q. They receive pensions at the same rate as those who see active service, but, as I understood the first day you were here, while we have changed the system so far as the C.E.F. is concerned, by abandoning the distinction between injuries sustained in sight of the enemy, or injuries sustained not in sight of the enemy, a distinction still continues in the case of the militia force?—A. Yes, if there were a riot in Canada and the militia were called out, and one of the men who were called out totally disabled, he would be entitled to \$264, but if there were no riot, and he were merely out training and became totally disabled, he would only be entitled to \$192, because the injury was not received in the presence of the enemy.

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Q. What have you to say to paragraph 6, which reads:—

“That no reasonable refusal to accept treatment should be considered as a bar or partial bar to pension.”

A. At the present time it has been found that a very large number of men, especially men suffering from tuberculosis, are ready to sign a waiver relieving the country from all responsibility with regard to their disease in order that they may return to their homes. They do not receive the proper treatment. It is absolutely necessary that the country should treat these men, especially men who are suffering from active tuberculosis, or in fact any other disease. The second consideration is this: That if they had got treatment they would very possibly be cured, or their disability at least reduced to a minimum, but if they do not get treatment, their disability will not be reduced to a minimum and the country will be obliged to pension them at a certain increased rate. It will save the country money in one way and will also assist the men in getting the proper treatment.

Q. No. 7 and No. 8 are self-explanatory. In No. 9 you say that where a man reverts to a lower rank in order to proceed to the front, he should be entitled to pension on the basis of the rank he held at the time he reverted?—A. At the present time there is an order in council which has been passed providing that when a man reverts in England in order to proceed to France, his separation allowance shall continue as of the rank from which he reverted, and in case of his death his widow shall be paid a pension as of the rank from which he reverted. A large number of men reverted in Canada in order to proceed to England and France. Their widows are only entitled to pensions on the basis of the rank to which they reverted. There are also a number of men who received promotions in England and they subsequently reverted in order to proceed to France. Their widows are not entitled to receive pensions at the rate provided for the rank they held when they were promoted and reverted back. There are many inequalities in this question of reversion. Then, again, when a man returns from the front disabled, he is pensioned according to the rank he held when he was discharged, not at the rank from which he reverted, although his widow would be pensionable according to the rank from which he reverted. I have put in one paragraph the suggestion that when he voluntarily reverted he should be pensioned according to the rank from which he reverted.

By Mr. Nickle:

Q. When was that Order in Council passed?—A. No. 1881, August, 1916.

By the Chairman:

Q. Supposing a man is promoted in rank after he has suffered his disability and after he returns to Canada but before pension is awarded. On what basis is the pension awarded?—A. He will get pension as of the rank he held at the time of his discharge.

Q. The effect might be this: that if he returns disabled from the front, by promoting him in the service his pension might be increased?—A. Yes, no doubt.

By Mr. Nickle:

Q. I thought it was the time he suffered the disability?—A. No, that is what we were going to put in the Act we discussed last year.

Q. The draft bill of last session laid down the principle that the pension was to be determined as of the rank the man held at the time he incurred the disability.—A. Yes.

Q. To prevent any log rolling or subsequent promotion prior to discharge?—A. Yes, but that is not the law. The matter was brought up last session, and we considered the matter with reference to men promoted for gallantry, and we said we thought it was hardly fair to give them a smaller pension when they were promoted for gallantry.

The CHAIRMAN: My question was whether the pension was awarded on the basis of the man's rank at the time he suffered the disability, or at the time of his discharge? The witness says it was at the time of his discharge; so that a man might return to

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Canada, be promoted in rank, and by reason of his promotion in rank he would get a larger pension than he would have received had he retained the rank as of the time he suffered the disability.

By the Chairman:

Q. You do not recommend that the pension should be awarded as of the rank the man held at the time he suffered disability?—A. It is a very difficult question. A man may suffer disability, that is to say he may have a wound in the arm which is cured, or cured so as to allow him to go back to service, and in two or three months, owing to the cold or something like that, this wound breaks out again, and he is taken back and his arm is taken off. In the meantime, he may have been promoted. Now, if you say that his pension shall be at the rank which he held at the time he suffered disability, you immediately do him an injustice, because he has been promoted in the meantime, possible for gallantry or for some other creditable service. For that reason you have to define "the appearance of disability" very closely. If you want to provide that the man should be pensioned as of the rank he held when he suffered the disability.

Q. Is it not possible that it might be open to grave abuse if the man were promoted after receiving disability?—A. No doubt whatever that it might be. I am quite sure that a number of men that we have pensioned were promoted, probably not with the object of a higher pension, but after the disability was suffered. I do not know why they should not receive the pension of their higher rank. There are lots of men with eyes out, or arms off, who are serving at the base. They were promoted not for active service in the field, but for the service in the particular capacity in which they are now engaged, and it is quite reasonable to pension those men at that rank, provided their promotion has been the result of good service, and not the result of influence.

Q. That raises an important question and if you have any knowledge at all to show us what the effect of any change will be we shall be glad to have it. Will you let us know how many men have been promoted since disability was incurred which will result in increased pension?—A. I am afraid it will be practically impossible to secure such information.

Q. You said there was quite a number, and I was wondering how many there are.—A. The Department of Militia and Defence is the only Department who can tell you that, because they know the number of men who have been promoted after disability; there could be no promotion after discharge.

Q. You said there are a number who have been promoted since disability, and I want to see how large a class this change would affect.—A. I will try to ascertain that, but it will be very difficult to do so.

By Mr. Nickle:

Q. Suppose a man has temporary rank and a permanent rank, which rank will obtain?—A. The paid rank at discharge will obtain.

Q. The temporary rank?—A. If he is paid for it.

Q. If the man were a temporary Colonel, and a permanent lieutenant, which rank would be taken?—A. If he is being paid as a Colonel, he will be pensioned according to that rank. The rank for which he is actually receiving pay and allowances at the time of his discharge governs.

The CHAIRMAN: (reads) No. 10. That when an applicant or pensioner has been convicted of an offence within the provisions of the Criminal Code, Revised Statutes, 1906, Chap. 146, pension may be refused to him, or payments of his pension may be deferred, or his pension may be suspended, discontinued or cancelled in the discretion of the Commission."

That is self-explanatory (reads)

"11. That a pensioner shall not be paid any instalment of his pension which has remained unclaimed by him for more than two years from the date such

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instalment became due and that any unpaid balance of pension due to a deceased pensioner should not be deemed to form part of the assets of his estate. The Board of Pension Commissioners should be given discretion to pay such balance to a widow or children, or other person maintained by the pensioner."

Why should it not form part of the assets of his estate?—A. The pension is awarded a man for the purpose of maintaining him, not for the purpose of maintaining any other person. A man very frequently, unless he has a widow or children, may have a fifth cousin who comes in and claims a pension. That last clause was put in because when Mr. Nickle and I were down in the United States, they told us such a clause was in their regulation, and they had been able to save millions of dollars by the mere fact that the pension should not form part of the assets of the man's estate.

The CHAIRMAN: (reads)

"12. That when the estate left by a deceased pensioner is not sufficient to pay the expenses of his last sickness and burial the Board of Pension Commissioners should be given authority to pay such expenses or a portion of them, to an amount not exceeding \$100."

That is self-explanatory. Have you had many cases of that nature?—A. We have had a large number especially recently and they are occurring all the time.

By Hon. Mr. McCurdy:

Q. What about the man who has not been discharged?—A. The Militia Department look after the burial of all men who are not discharged. Recently they have issued an order that they will look after the deaths of all men who have not been discharged, or who have been discharged within four months up to the amount of \$100, but they will not pay it unless the man's estate or his relatives cannot pay it.

The CHAIRMAN: (reads)

"13. That whenever a pensioner is required to be medically re-examined, he shall be entitled to be paid a reasonable amount for travelling expenses and subsistence or loss of wages; that if any pensioner refuses or neglects to be medically re-examined his pension should be deferred, and no pension should be paid to him for the period during which such refusal or neglect continues."

Is there no provision at the present time for paying travelling expenses?—A. No, we have no such provision, but we do pay them, although we are really outside the regulations in doing so. We have no authority to do it.

By Mr. Sutherland:

Q. This is to give you authority for your present practice?—A. Yes.

Q. Is this done in many cases?—A. It has been done in every case for the last eight months or so.

Q. How many cases would you have?—A. Some of them do not need to be paid anything, they live in the place where the examination is held, and we do not pay any expenses. I suppose we have had at least 2,500 cases in which we have had to pay something, either \$1.10 or \$1.60, or \$2.10 as the case may be.

The CHAIRMAN: (reads)

"14. That during treatment or vocational re-education no pension be paid, but allowances be paid by the Department furnishing such treatment or Vocational Re-education."

[Mr. Kenneth Archibald.]

I assume that is in connection with the Order in Council recently passed which permits the Soldiers' Re-establishment Department to pay men while engaged in Vocational Training?—A. Vocational Training and Treatment.

The CHAIRMAN: (reads)

"15. That pensions be payable whenever a disability becomes apparent more than three months after the enlistment or enrollment of a member of the Forces provided that no pension should be awarded for that proportion of the disability which existed on his enlistment or enrollment and was wilfully concealed, or was apparent, or became apparent before the expiration of three months from the date of enlistment or enrollment."

Can you give us any estimate at all how much that would add to the financial obligations of the Government?—A. I could not give you any exact figures, but certainly between 10 and 25 per cent of the total pension obligations.

Mr. PARDEE: I think it is very important when we make these recommendations that we should have this information whether Mr. Archibald can give it or somebody else; it is most important that we have some approximate estimate. That information is necessary for two reasons. Supposing our recommendation is that the pensions should be granted that are larger than the ones given now, there will still be a great many soldiers who will be disappointed, thinking that it is still not large enough, and they will have to be shown the extent of the financial obligation that the Government has assumed. We must have something along that line.

The CHAIRMAN: I think we should ask the Board to give us the best opinion they can form about the financial obligation.

WITNESS: I think we have a good many statistics available at the present time, and we would compile those statistics to show the approximate amount of the obligation. Of course it will be more or less a matter of guess-work, but it will be fairly accurate.

The CHAIRMAN: (reads)

"16. That the Commission should have discretion to award a pension whenever a member of the forces has been dismissed from service or has been discharged dishonourably or for bad conduct."

Have you many cases of that kind?—A. Not very many, no.

By Mr. Nesbitt:

Q. They are not allowed to give a pension to a man discharged for dishonourable conduct?—A. There is no such provision in our regulation. We have to give a man a pension if he is entitled to it, no matter what the conditions are.

By the Chairman:

Q. Then you have had a number of cases of that class?—A. We have had a number, probably 25 or 30.

Q. Supposing a man is a married man, and is dishonourably discharged, you would not allow his wife anything?—A. I should say it should be in the discretion of the Commission; that the Commission should have discretion.

The CHAIRMAN: (reads)

"17. That pension be discontinued upon the re-enlistment of a pensioner and that his case, upon re-discharge, be considered anew as if his service had been continuous from his first enlistment."

Why do you say "continuous as from his first enlistment"?—A. From the point of view of the possibility of pre-existing enlistment conditions. This is a more or less

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important thing. We have, I suppose 300 to 400 pensioners who have re-enlisted in the various battalions. Some have joined and are fit for service in France, some in the Forestry battalions, and some are simply doing clerical work and their pensions are continued.

By Hon. Mr. McCurdy:

Q. They continue to draw pay and pensions?—A. Yes.

Q. Then their position is not different from that of the pensioners who obtained positions in the Civil Service?—A. But their position is different to the men who have not received their discharge. If a man pensioned for the loss of an eye were put on the same work as a man who had lost an eye but had never been discharged he would get the same pay and a 40% pension, besides more pay.

The CHAIRMAN: (reads)

18. That when the wife of a pensioner does not live with him, the Board of Pension Commissioners should have discretion to refuse to award the additional allowance for a married member of the Forces to a pensioner who is not married providing he is maintaining one or both of his parents.

What does that mean?—A. There is an additional allowance of \$8 per month for total disability for the man who is married. We have had a great many cases already in which the wife is not living with the man, and never has been living with him, or has never been supported by him at all. There is absolutely no object in giving him that \$8 a month when his wife has never lived with him and never will. That should read at the end of the clause "when a pensioner who is not married is maintaining one or both of his parents the additional allowance for a married member of the Forces should be paid to him".

The CHAIRMAN: (reads)

19. That pension with respect to the death on service of a member of the Forces should be paid from the 1st day of the third month following the month in which he died, and that separation allowance or assigned pay or both should be continued until the last day of the second month, following the month in which he died."

That raises the point which Major Margeson brought to our attention the other day. He thought the separation allowance should cease at the time the casualty was notified, and that pension should date back from the date of the notification of the casualty.—A. The most recent suggestion I have on that is a letter which I received from General Langdon, this morning. I had made the proposal to him just as it is contained in this paragraph for the reason that it is very difficult for us to award the pension within a month or a month and a half. Some awards take at least two or two and a half months and I made the suggestion that he should continue the separation allowance and assigned pay till the last day of the second month following casualty and that the first day of the third month should be fixed as the date on which the pension should commence. Under the present law pay and allowances are continued until the last of the month in which the casualty occurred. It is impossible for us to give a pension unless it is a temporary pension within so short a time as that.

Q. That was Major Margeson's suggestion, that it should be a temporary pension.—A. That would be absolutely impracticable for us. We could start a pension. But if we started the pension, and later on after investigation of the case we found that a pension should not be paid, that would create a feeling of dissatisfaction and disappointment, whereas the continuation of separation allowance and assigned pay, which has been in operation for two or three years, for a period of two months would give us opportunity to examine the case. When they are receiving separation allowance and assigned pay they do not realize that they may get a pension at all, and when separation allowance and assigned pay are stopped there will be no disappointment.

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The CHAIRMAN: (reads)

"20. That the divorced or legally separated widow of a deceased member of the Forces, should only be entitled to a pension equivalent to the amount of alimony or alimentary allowance which was payable to her by the deceased."

That is self-explanatory.

"21. That the Board of Pension Commissioners should be given authority to refuse a pension to a widow of a deceased member of the Forces who has been separated from him, and was not supported by him, either previous to enlistment or during his service."

A. We have a very large number of these cases, especially of widows living in England. Such a widow may never have heard of the whereabouts of her husband, did not know where he was, but knew perhaps that he had gone to Canada ten years previously. Finally she reads in the newspapers that Pte. John Jones has been killed. She says at once: "That is my husband," and immediately she gets into touch with us, and we have to give her a pension, although she has never been supported by her husband, or knew where he was.

By Hon. Mr. McCurdy:

Q. Where did the applications come from in such cases as that, respecting unknown and undisclosed dependents who turn up?—A. The dependents who turn up and who have never been known by us, generally make their application through the District Office in one of the cities of Canada, and possibly direct to the Board. Possibly if they are in England, as frequently they are, they will write to some authority in connection with the pensions there, and the application for pension will be turned over to the authorities in England who are dealing with Canadian pensions.

Q. Have any agencies sprung up which are dealing with these cases, outside the applicants themselves?—A. As far as we know we have not had any pension claims agent operating at all, except, possibly a few lawyers. We have one lawyer who was said to have received \$100 out of the first pension cheque of a widow. Her husband had been missing for a long time and she was entitled to about \$300 in her first pension cheque, and this lawyer got \$100 at that time. Another lawyer asked that all pension cheques should be sent to his care. The woman was getting \$40 per month and he had agreed with her that he should receive \$10 out of the cheque. We have no power to deal at the present time with unscrupulous claims agents. In this Bill we are asking for power to deal with them.

Q. But it may be well to forestall the possibility of claims agents commencing operations?—A. It will undoubtedly be well to do that.

Q. You do not regard it as of sufficient urgency to be dealt with by Order in Council?—A. No, I do not think so at the present time. It may become urgent during the next year, and very probably will. It may present immense difficulties, unless prevented.

By Mr. Sutherland:

Q. In regard to the discretionary powers of the Commission paying travelling and hotel expenses in those cases to which reference has been made. Does that apply to all cases where pensioners have asked for the reconsideration of their cases?—A. In all cases.

Q. How long has that rule been in existence?—A. Between 8 and 10 months, I cannot be certain.

Q. And you say that somewhere in the neighbourhood of 2,500 cases have been considered in that time?—A. Yes, that is, all cases.

Q. That covers all the complaints against pensions?—A. No, few of them would be complaints; most of them would be medical re-examinations, of the men who had been receiving pensions for six months or a year.

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The CHAIRMAN (reads):—

“22. That the Commission should be given discretion to apportion a pension between several applicants of the same relationship to the deceased.”

Q. What do you mean by that?—A. Frequently there may be the children of an unmarried widow and the children of a legal widow. The legal widow may not pay any attention to these children of her husband's former wife. These children under the present law would only be entitled to pension as if the mother were receiving pension. As a matter of fact they are not living with the mother, and they ought to receive pension as if they were orphans because, in fact, they are orphans, for the reason that their father is dead, and their stepmother does not look after them.

Q. Are they orphan children; is not the widow pensioned?—A. No. The children are orphans in this case. The widow is dead. The widowed mother is looking after the children of the soldier.

Q. That is not a parent.—A. Yes, that is a parent of the soldier. Frequently the mother is looking after her grandchildren, who are the children of the soldier, and it is hardly fair that one child should be given \$16 and the widowed mother nothing at all, when the soldier probably before he went away and during his service supported both the children and his mother.

The CHAIRMAN: (reads)

“25. That the additional allowances now payable for married members of the forces be increased to \$10 a month for all ranks for total disability and be graded down in accordance with the degree of disability.”

That is self-explanatory, as is also 26 (reads)

“26. That the allowance awarded for children be the same for all ranks at the rate now paid for the children of a private.”

“27. That the special allowance for helplessness be awarded for all ranks.”

A. The reason for that is that since the Order in Council 2999 was passed a lieutenant gets \$900 for total disability. If he is also totally helpless, he is entitled to an additional \$300 which brings him up to \$1,200. He is also entitled, if he has a wife, to \$96, which brings him to \$1,296. The captain on the contrary, is entitled, for total disability, to \$1,000, and not entitled to the special allowance of \$300 and not entitled to anything for his wife. The result is that a captain totally disabled and helpless will receive \$1,000, whereas a lieutenant, totally disabled and helpless will receive \$1,200, and if he has a wife he will receive \$1,296.

By Mr. Nickle:

Q. That may be an anomaly and may be capable of rectification, but surely the Board is not going to increase the captain's allowance by the \$300 helplessness allowance. The whole object of the helplessness allowance was to bring the lower ranks up, without increasing the higher ranks.—A. You say you are going to load the country up with something. As a fact the number of totally disabled and totally helpless captains, majors, lieutenant-colonels and colonels, will be about, perhaps, at the end of the war, altogether, 15.

Q. If we think they are receiving adequate pensions without this allowance, why should we add to their pensions?—A. If a captain is getting an adequate pension at \$1,000 and does not need anything for total helplessness, then the lieutenant is getting an adequate allowance at \$1,000 and should not get \$1,296.

The CHAIRMAN: A statement appeared in both morning papers to-day in connection with the pension to Col. Labatt. The *Journal-Press* contained a statement in regard to the matter and a copy of the letter written by Mr. Stevens, member for Van-

[Mr. Kenneth Archibald.]

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couver, addressed to me, as Chairman of the Pensions Committee, and it is stated in the article that I had made the letter public. I wish to state that this is wholly incorrect. The letter was not made public by me. It has been in the custody of the Secretary of the Committee. I understand from the Secretary it was not made public by him. So far as I know it was not made public by any member of the Committee. In the *Citizen* the statement appears that this letter has now come too late, and that it was placed on the records of the Committee without being read. That statement is not correct. The members of the Committee are aware that the letter was presented to the Committee in the regular course, was read to the Committee on the 1st of May, and the printed records of the Committee recite the fact that the letter was read to the Committee and further consideration of it was deferred. The record shows that the Committee decided to consider the matter later. I regret the publication of the letter at this time when the matter was before the Committee, particularly in view of the fact that the correspondence published is not complete. After the matter was presented to the Committee, I wrote Mr. Stevens the following letter on the 1st May:—

OTTAWA, May 1, 1918.

Dear Mr. Stevens:

re Pensions Committee.

I duly received your letter and laid it before the Pensions Committee. The matter you mention had already come before the Committee, and it is their intention to deal with the questions raised in the course of their deliberations.

With reference to the personal matter mentioned in the letter, I understand from Dr. Reid that he was not consulted regarding the appointment of Col. Labatt to the Board of Pension Commissioners and had nothing whatever to do with it. So far as General Mewburn is concerned, as you are aware, Col. Labatt was appointed many months before General Mewburn became a Minister.

There is however, a question of principle involved, which is a very proper matter for consideration.

Yours faithfully,

H. H. Stevens, Esq., M.P.,
House of Commons,
Ottawa, Canada.

N. W. ROWELL.

I thought, in view of the items that appeared in the press that it was well the Committee was put in possession of the actual facts of the matter.

Mr. CLOUTIER (Clerk of the Committee): The letter was not given out to any one for publication. It was simply read to the Committee.

Mr. NESBITT: It was embodied in the minutes.

The CHAIRMAN: The letter was not extended in the minutes. It was deferred for further consideration. We want from you Mr. Archibald, an estimate by the Board of Pension Commissioners as to the additional expenditure which will be involved in respect of each of the separate recommendations you have made for changes in the regulations.

There is a further letter from the Great War Veterans' Association which reads as follows:—

OTTAWA, Canada, May 7th, 1918.

Hon. N. W. ROWELL,
Special Committee on Soldiers Pension Regulation,
House of Commons, Ottawa.

Dear Sir:

The Committee on Pensions of the Great War Veterans' Association, Ottawa Branch, have considered further the complaints received and also the

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evidence given before your Committee, and beg to suggest that the following amendments or additions to the present regulations would assist considerably in giving satisfaction on the granting of pensions.

(1) Relationship of Doctor and Patient rather than Officer and Private, between the medical board and the men, at the time of the sitting of the Medical Board for Pension.

(2) Disability previous to enlistment or an aggravation of disability previous to enlistment shall not be considered in the granting of a Pension.

(3) Every man before his pension is determined, and after his discharge should be requested to put in writing, either by himself, or with the assistance of any one whom he chooses, his statement of the wounds, injuries or disease, hospital treatment, present condition of health, etc., or he must sign a form that he does not wish to do so.

The reason for the clause "after his discharge" is men would be reluctant to put forth a clear statement of their case before discharge for fear that anything he might say would delay their discharge.

(4) That every soldier, upon his discharge shall sign his Medical Board, at the same time testifying that three members of the Board gave him an examination, were present at the time of same, and that they explained to him their findings, and his present physical condition.

(5) The decision of the Board of Pensions in regard to every soldier's pension claim shall be signed by two members of the Board of Pension Commissioners.

(6) Every man shall be notified by registered letter as to the findings of the Board of Pension Commissioners within six days of the date of the decision of the Board, and if the decision of the soldier's pension has been delayed longer than two months from the date of the soldier's discharge, an explanation shall be given to the man as to the causes of the delay in the registered letter containing the decision of the Pension Board.

Yours very truly,

EDWARD R. R. MILLS,

Chairman,

Pension Committee,

G.W.V.A., Ottawa Branch.

I have received a letter from Mr. Knight, in reference to the proceedings of this Committee, in which he states:—

"I wish to state in closing that I am kept very busy with a great many matters, but the proceedings of the Committee in the reports that have been sent to me are very satisfactory, and I feel sure that much good will result not only to the returned soldiers, but to Canada as a whole."

The Committee then adjourned.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 318.

MONDAY, May 13, 1918.

The committee met at 10.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present—Messrs. Cronyn, Green, McCurdy, Nesbitt, Nickle, Pardee, Parent, Redman, Ross, Rowell, and Sutherland.—11.

The minutes of last meeting were read and adopted.

The letters received from Commander Ross and Col. Labatt were further considered and ordered to form part of the records.

Mr. Nickle moved, seconded by Mr. Nesbitt, that the clerk of the Committee be instructed to request the attendance of Dr. W. T. Connell of Kingston and Dr. D. W. McKay of London to give evidence before the committee on Tuesday, May 14,—which was agreed to.

The committee proceeded to consider the evidence given by Mr. Kenneth Archibald and Major J. L. Todd, who were recalled.

On resuming the consideration of a list of suggestions submitted at a previous meeting by Mr. Edward R. R. Mills of the G.W.V.A. in respect to certain amendments or additions desired, relating to the Pensions Act and Regulations, Mr. Archibald produced a report thereon which was ordered extended in the records.

It being One o'clock the committee rose.

The committee resumed at 3.30 o'clock, p.m., Hon. N. W. Rowell, chairman, presiding.

Major J. L. Todd was again recalled for evidence.

The chairman read a communication received from Mr. Wm. Banks of the Joint Legislation committee of the Orange Order, Toronto, *re* soldiers' pensions, which was considered and ordered fyled for further consideration.

Referring to Mr. H. H. Stevens' letter which appeared in the press, the Chairman said:

"I desire to say that I have received a letter from Mr. H. H. Stevens, M.P., to the effect that he did not give the letter to the press which has been referred to, at the various meetings of the committee, and which he addressed to me some time ago in reference to the case of Col. Labatt."

The Committee then adjourned until Tuesday, May 14, at 3.30 o'clock p.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

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MINUTES OF EVIDENCE.

HOUSE OF COMMONS,
COMMITTEE ROOM No. 318,
OTTAWA, Monday, May 13, 1918.

The special committee appointed to consider the question of Pensions Board, Pension Regulations, etc., met at 10.30 a.m., the chairman, Hon. N. R. Rowell, presiding.

Mr. KENNETH ARCHIBALD, recalled.

By the Chairman:

Q. Have you the information that you were asked for at your previous examination?—A. I have the information here but it is mostly guesswork.

(Document handed in for information of the Committee.)

Q. Mr. Archibald was also asked to give us information on another point, that is to give us an estimate of the number of men who have been pensioned on the basis of the rank they held at the time of discharge, where they had been promoted subsequent to the date of disability.

Letter read as follows:

“May 11, 1918.

“Hon. Mr. N. W. ROWELL, Esq., K.C.,
Chairman, Parliamentary Committee on Pensions,
House of Commons,
Ottawa, Ont.

“SIR,—Your Committee requested me to discover, if possible, how many promotions there were in the Canadian Expeditionary Force subsequent to the incurring of a disability and previous to pension being awarded. I have endeavoured to secure this information. Unfortunately no statistics of this nature have been kept and the only means of discovering it would be to go over all the files separately and, when necessary, make inquiries from The Record Office.

2. I may say, however, that no case has ever been brought to the notice of the Board of Pension Commissioners in which promotion was made with the object of securing a higher pension for the particular person involved.

3. The law at present provides that a number of the Forces shall be pensionable as of the rank which he held upon the date of his retirement or discharge. This is not definitely stated but it is impossible to place any other interpretation upon the law for the reason that the right to pension does not accrue until retirement or discharge from the forces.

4. It has been argued that the law should provide that pensions be payable as of the rank held at the time the wound, injury or disease is incurred. If this were the law:

(a) Men who have been wounded, injured or who have contracted disease in the front line trenches and who subsequently were found fit for light duty, base duty and duty in forestry and similar battalions, and who received promotions in the line of work for which they were found fit would in no case receive the benefit of the promotions in so far as pensions were concerned;

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Example: A private loses his eye in the front line. When cured he is transferred to a forestry battalion. He does good service and is promoted to the rank of lieutenant. He would receive pension only as a private although he might have seen service in the forestry battalion for two or three years.

(b) Men who received promotions for gallantry after incurring a wound, injury or disease would not receive the benefit of their promotion in so far as pensions were concerned;

(c) Men who were slightly wounded and were returned to the front line, whose wounds subsequently break out again after promotion would not be entitled to the benefit of this promotion in so far as pensions were concerned.

5. There are at the present time in England and in France a very large number of men who come within the classes mentioned in the preceding paragraph and who have received promotion. It is suggested that if, upon their return to Canada, their promotion is not recognized in so far as pensions are concerned, great disquiet will result. The promotions referred to would naturally be merited although not made for service in the front line trenches.

6. Those who argue that pensions should be awarded as of the rank held when the disability was incurred state that there is a great danger that promotions will be made subsequent to the incurring of the disability, solely with the object of having a higher pension awarded. I am given to understand that it is strictly contrary to regulations governing the Canadian forces to make unmerited promotions at any time and *a fortiori* just before discharge and pension. This is especially so in cases of retirement or discharge on account of physical unfitness. In the case of retirement on account of long service the rule may not be so strict.

7. The saving involved in awarding pensions as of the rank held at the time disability was incurred instead of the rank held at the date of retirement or discharge would be relatively small and it is not thought would be commensurate with the disquiet which might result in the non-recognition of merited promotions.

Yours very truly,

(Sgd.) KENNETH ARCHIBALD.

By the Chairman:

Q. That is more argument than a statement of facts, can you give us any actual facts or further evidence which will enable the Committee to form their own judgment with reference to the matter.—A. You asked me to bring files with reference to that.

Q. Have you any concrete illustrations so that we can see in what cases promotions have occurred?—A. I have the file of Colonel Labatt, and another file about which I spoke to you.

Q. Have you a number of files here?—A. No, I have only these two here.

Q. What are the different classes of cases that come before your Board where there has been promotion in rank subsequent to receiving disability?—A. The most of the cases that have come before us are cases in which a man has been wounded and has been found unfit for general service under category "A". He could not go back to the front, but may be fit for a Forestry Battalion or for home service or service, for instance in the pay office; he is retained on the strength and is put in the pay office or Forestry Battalion and he subsequently receives promotion. Then he takes up this work, perhaps he has bronchitis and it becomes chronic, and he is certified as no longer fit for service. He is then sent out to Canada and is discharged. He may have received his disability as a private and he is discharged as a lieutenant. As I say I have not got hold of any particular case, but I could obtain particular cases by looking over two or three hundred files; I am satisfied there are many cases.

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Q. That is one class, what other classes are there?—A. Another class is when an officer has returned to this country as temporarily unfit for overseas. They have no position for him overseas, and he comes back to Canada and places himself at the disposal of the Militia Department. The Department thereupon endeavour to find a job for him here. They may find a job in any one of a dozen places; in the camps or in the Separation Allowance office. For instance, Capt Beatty, whom you heard here the other day, is an example of that. He came back as a lieutenant, and when he was given employment in the separation Allowance and Assigned Pay Branch he received the appointment of captain. Then he may be put in as Paymaster of a district. If a doctor, he might be put on the A.D.M.S. staff, or anything like that. Col. Russell is another case, if he is suffering from a disability at the present time which is due to his service. He came home as a major, and is now a lieutenant-colonel.

By the Chairman:

Q. Then if it were a case of disability he would be ensioned on a lieutenant-colonel's pension rather than a major's pension?—A. Yes, under the present law.

By Mr. Nesbitt:

Q. Then there are men who are sent to the training camps as sergeants, promoted to lieutenants?—A. Yes, I was just going to speak about that; and privates promote to sergeants and sergeant-majors. Some of these men come home as unfit; however, they are unfit for active service, and they are put in category "C" for home service. They are sent out to training camps. A private may be given a position as sergeant. He is only a private as far as service in France is concerned, because they have many sergeants there. There are not so many sergeants here, and he is given the rank of sergeant. So also a sergeant may be given the rank of sergeant-major or lieutenant. After the training stops, this man will not go overseas with the men, but he will be discharged in Canada. If they are discharged we will have to take into consideration the rank they hold upon discharge, although they did not get the rank in service in France. I think there must be at least a thousand cases in England at the present time who are doing base or light duty, and who have received promotion since disability.

By Mr. Ross:

Q. That second suggestion in your letter there seems to me to be a very broad generalization, and I do not see how you can make it?—A. I might say, however, that no case has been brought to the notice of the Pensions Board where promotion was made with the object of securing a higher pension for the particular parties involved.

Q. How do you know that?—A. I say no case has ever been brought before the notice of the Board of Pension Commissioners.

Q. That would be the last thing they would want to bring to their notice?—A. I don't know; I am not so sure in particular cases.

Q. In view of the confidence that exists between soldiers, would it not be the most natural thing in the world that men should do that if you leave the door open?—A. I understand that it is entirely contrary to military regulations.

By Mr. Redman:

Q. When a man reverts to go to France you can reinstate him in his rank when he gets back to England?—A. I don't know definitely, but I think not.

Q. If that were done, it seems to me the problem we are considering would be eliminated; for example, a man is captain and reverts to lieutenant to go to France; he is there some time and is wounded; then, if he has come back to England with his rank of captain with which he went over to France there would be no chance of hardship on account of the man being pensioned in the rank to which he reverted. A. That man himself, if he comes home disabled, is pensioned as of the rank to which he reverted; but if he gets killed, the widow gets a pension of the rank from which he reverted.

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By Mr. Nesbitt:

Q. But he himself is pensioned at the rank to which he reverted?—A. Yes. I know a case in London at the present time of a man named Featherstonhaugh, a lieutenant at present. He came back from France wounded. He was given a job in the Pay Office and he had something to do with the Victory Loan and he did splendid work and was promoted, mainly on account of this splendid work to the rank of lieutenant. You see, the Pay Office, being a military establishment, must have a lieutenant giving orders to sergeants and privates. Now, if you have a private who is a particularly good accountant and he is turned in as a ledger-keeper and later chosen as accountant, you must make him a lieutenant so that he can give orders to the other ledger keepers who are sergeants and privates.

Q. That is under the military rules?—A. It is for services of an entirely different nature from service in the field, I mean there are other kinds of service which are just as valuable as service in the field.

By Mr. Redman:

Q. After they have been in the field?—A. Yes.

Q. Would a regulation like this meet the case—that pension should be granted as of the rank held at discharge, provided that in the event of the soldier reverting for the purpose of going to France and not being subsequently promoted, his pension should be rated at the rank that he held previous to going to France?—A. That is practically the law now, and one of the suggestions in this memorandum.

Q. That is not the law now?—A. It is practically the law now, when the man is killed; but when the man is discharged—

By the Chairman:

Q. You put it “discharged” in your statement?—A. There is a suggestion in this list of suggestions we have made, but it does not cover it, because if you pension a man as of the rank at which he was discharged he might still be promoted unduly, unmeritedly.

By Mr. Redman:

Q. But it covers the other point?—A. Yes, but the other point is covered already in one of these suggestions.

Q. A moment ago you said, in regard to an officer being promoted for the purpose of getting a pension, that there was one case you had in mind where you thought that might have happened; what case was that?—A. As a fact I am quite certain that it did not happen from the point of view of securing a larger pension; but I know that the promotion did happen subsequent to the man's disability, and when the man was stated to be permanently unfit for further service.

Q. What case was that?—A. It was the case of Capt. F. C. Stephens, 13th Battalion, C.E.F.

By Mr. Sutherland:

Q. Would there be a tendency, providing that should be the law, for returned men who are in the service if they had any influence—you say it is contrary to the Military Regulations, but we know they do not always follow the law—an inducement to bring influence to bear to get promotion?—A. There is a possibility, but as I say I do not know of any case where it has been done.

Mr. SUTHERLAND: It appears to me there is a very strong argument in favour of uniform pensions for privates and officers.

By the Chairman:

Q. I asked Mr. Archibald to bring here a form of medical boards for the officers and a form of the medical board for the privates so as to see what the difference was?—A. This is the old Militia Form, B. 227, containing the statement of the soldier on

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the day of his discharge. There was a place for the soldier to make a statement with regard to any complaint he had. It is headed "Statement of the Soldier".

(Sections 8, 9, and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned—have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

(Signature of soldier examined)

Sections 8, 9, and 10 which are to be read to the soldier, are as follows:—

- 8. Original disease or disability.....
 - (a) date of origin.....
 - (b) place of origin.....
 - (c) cause.....
 - (d) present disease or disability.....

9. Present condition (a) (important to be a full description of present disabling condition or conditions only) "History" must be recorded in Section 10. (After describing all abnormalities, anatomical and functional contributing to present disability (see section 11) state whether such disability if directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or some of its parts.

Then in (b) of section 9—

"Are the following systems normal; if not briefly state abnormality.....
.....nervous.....digestive.....
.....respiratory.....cardiac.....
genito-urinary.....skin, middle ear, eye, or any other part.....

The section 10—

His history: (a) of condition referred to in (a) of section 9.....
(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

These sections 8, 9 and 10 are to be read to the soldier and then he is handed the statement referred to above in which there is a blank left so that the soldier may fill in any complaint he has to make. Militia Form B. 227 which applies to non-commissioned officers and men is practically the same as Militia Form B. 380 which applies to officers.

Under the old form it was not nearly the same, there was a very short form for officers. This is the form for officers:

The board having assembled pursuant to order, proceeded to examine the above-named officer and find that he is suffering from so-and-so (describing the nature of the disease or wound from which he is suffering).

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Then

The opinion of the board upon the questions herein is as follows:—

- (1) *a.* Is the officer fit for general service?
b. If not so fit, how long is the disability likely to continue?
- (2) *a.* If unfit for general service, is he fit for service at home?
b. If not so fit, how long is the disability likely to continue?
- (3) Was the disability contracted in the service?
- (4) Was it caused by military duty?
- (5) Was it contracted by circumstances over which he had no control?
- (6) If caused by military service, the nature of such duty or service to be briefly and clearly stated.

That was the old form, and that form was used in this board held in September, 1915, but it has been amended over and over again and it has finally got to the condition of this form which is very similar to the previous form, except that it is not quite so complete as the previous form, but practically complete.

By Mr. Cronyn:

Q. Is there a place for a statement by the officer?—A. Yes, there is a place for the statement of the officer, I think it is as complete as the other.

Q. How long has the new form been used?—A. I did not see it till the Militia Department used it. The form, Militia Form B. 380, was printed in December, 50,000 copies, and they have been using it since then. Of this new form for the soldier, 300,000 copies were printed in December, 1917, and they have been using that form since then. Previous to that the form used was very similar, it did contain a statement by the soldier, but the form containing that statement has only been used since September, or October, 1917; previous to that there was no place left for a statement by the soldier.

By Mr. Nesbitt:

Q. Did you get any information with reference to the number of reservists?—A. No, I did not get that. I was asked to get it but Mr. Rowell told me that Mr. Cloutier would get it.

By the Chairman:

Q. You were only able to bring up two files in the short time at your disposal in the cases where there had been promotions in ranks subsequent to disability?—A. Yes.

Q. Will you leave these files with us?—A. Yes.

By Mr. Pardee:

Q. Suppose a man comes along and wants to raise a regiment and he is made Colonel of it, is there any medical examination or form for him to fill up?—A. I understand there is, I think he is examined very much in the same way as a private would be examined.

Q. Have you on the files before you cases where pensions were awarded when you did not have before you the medical examinations made at the time of enlistment?—A. There were times, especially in the early days, when they seemed not to have held examinations, or else they have lost them and we sometimes could not get any information as to the physical condition of the officer or soldier at the time of his enlistment. That is to say, we had no statement made by the Militia authorities. All we got was a statement made by himself. He is asked, of course, if he had bronchitis; say he has been discharged for bronchitis and he would be asked "Did you ever have any attacks of bronchitis?" And he would reply "Oh, yes, I had them pretty regularly," or it might be that he was asked with respect to heart disease or rheumatic conditions previous to his enlistment, and he replies "yes" or "no" as the case may be. In

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those cases we have very little information, we have not the medical history sheet. That is the first sheet which is drawn which will show that the man was unfit on enlistment. I think they more or less make up their minds that if the man was fit they did not need to describe much except scars or identification marks, or perhaps defective vision. However, Major Todd can give you better information on that point than I can.

By the Chairman:

Q. There are certain classes of disability which are very much a matter of opinion, and which would suggest that a man might have been more or less disabled at the time of enlistment.—A. Major Todd is a medical man, and I would rather you asked him with regard to those matters.

By Mr. Sutherland:

Q. With regard to that question we were asking Mr. Archibald about, I would like to ask him if the medical officer on his board takes into consideration in deciding on a pension all the medical evidence on the file that is available?—A. He considers everything that is on the file and sometimes he goes further than that. He may insist on having the medical history sheet; that is to say the very first medical examination upon the man at enlistment. He frequently insists upon having that and the attestation paper which shows any probable abnormality existing at the time of enlistment. In other cases he may only have the very last board on the file; the soldier has been discharged, and he draws the file with the last medical board. There is no need to go back of the last medical board which describes the condition of the man sufficiently to enable him to come to a decision.

Q. I notice in this file in the case of Colonel Labatt that the medical board held on the 26th January, 1915, it states that the opinion of the board upon the question herein raised is as follows: "Question 3. Was the disability contracted on service? Ans. No. Q. Was it caused by military service? A. No." That referred to a duodenal ulcer and not to the condition for which he was pensioned at all.

By Mr. Nesbitt:

Q. For which he was operated on?—A. He was operated on for that, yes.

Witness retired.

Major Todd recalled.

By the Chairman:

Q. There are some matters which have been referred to in the evidence upon which I understand you desire to make your statement for the information of the Committee. We shall be glad to have your statement.—A. I have gone through your evidence. There are several matters in it with which I do not agree, and on which I would like to be heard. I do not want to take up the time of your Committee if Mr. Archibald or others have already dealt with these questions.

Q. You might just mention what those questions are.—A. Has Mr. Archibald made it quite clear to you that the Pension Board being an administrative body must administer the law which already exists and which it has no power to change. We, the Commissioners, are dependent on documentation which we do not initiate, and which for many reasons due to the war we are powerless to control. It follows that the documents and information we have is not as complete as it might be, consequently we must often act on conclusions based upon insufficient premises.

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By Mr. Nesbitt:

Q. You might give us an illustration.—A. For instance, the point you discussed a moment ago; the fact is that a great many units went overseas in 1914 with documents not entirely complete,—medical examinations not sufficient; there are a large number of men who went overseas without sufficient medical examinations, that is a point that is quite established. Many papers are missing; there was a tremendous storm on Salisbury plain, practically every tent was blown down and the papers were blown out of the recording officers' tents. We are handicapped by that and other similar incidents.

Mr. Archibald went over certain changes in Form 380; those were initiated by us, particularly the requirement of a statement from the man on discharge to say that he was satisfied with the description of his disability and that there was nothing which he had not had an opportunity to bring before the board. These are among improvements of the documentation which have come slowly.

By the Chairman:

Q. Do you suggest that it would be desirable in addition to that to have the man make a specific statement of his own case apart from the question of being satisfied or dissatisfied; what do you say as to that?—A. Personally, I can see no advantage in it, because it is the duty of the medical officer to hear the man's side. In fact, the private soldier is a better protected individual than is the private civilian walking the streets. There is a body of military law built up around him which protects him tremendously; it is the duty of the medical officer to put, very fully, the man's side of the story so that if there is any case in which the man has not been able to have his side of the story fully set forth some officer has been derelict in his duty.

By Mr. Nickle:

Q. Why should not that dereliction of duty be prevented, if the man has a right to state his case before the board?—A. If you think it worth while.

Q. You see no objection to it?—A. I see no objection to it except that it means more work, more paper, it means the spending of more money; it is a question for the legislators to decide whether the result is going to be worth the cost.

By the Chairman:

Q. I interrupted you?—A. Another point on which we have very definite views that all documents, after the discharge of a soldier, when he is no longer a soldier, should pass into the custody of the Board of Pension Commissioners, or of whatever body is responsible for dealing with discharged men. That will lead, in future years particularly, to a great saving of time and energy.

By Mr. Nesbitt:

Q. Do they not?—A. At the present time they remain in the custody of the Militia Department; that is, all documents with the exception of those which are peculiarly medical; those at the present time are passed to us. This is a matter that is at the present time under arrangement; it has not been finally decided. We can learn a great deal from the experience of the United States. There some documents are kept in the Pensions Bureau; some are still kept by the Adjutant General. There is now great running to and fro between the two offices. That will be saved for us if all documents and papers, after the Militia Department is finished with them, pass to the custody of the department which deals with discharged soldiers.

By the Chairman:

Q. What is the next, Major Todd?—A. A question was asked about insurance. Many men, particularly those who will be called up in future drafts, will have life insurance. They are called up; the insurance companies charge more for insurance;

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because they cannot meet the increased premiums those men will be forced to give up property in their insurance. That does not come under pensions, but it is a point which will have to be met. Men who carried life insurance for years will be called up; they will have to go to the front; the insurance companies will raise the cost of premiums, as they did in the United States, to perhaps \$250 a thousand, and the men will lose property. That difficulty should be met. It is met in England through the Civil Liabilities Commission. As yet, no machinery has dealt with it here.

By Mr. Redman:

Q. Men have given up policies?—A. Yes, but I want to make it quite clear that we cover personal insurance during enlistment by pension; after enlistment it must also be covered, by pension or some other means. At the present time it is partially covered by pension, but we have not yet covered all phases of the question.

By Mr. Nesbitt:

Q. It is not likely that the premiums of soldiers who are going to the front now will be affected for two years?—A. No, sir; but these new drafts called up will be affected.

Q. There are no insurance companies that have refused to insure a man if he was willing to pay the risk?—A. Perhaps I should not have introduced the question of insurance before enlistment. During enlistment insurance are carried by pension; but after discharge, no means at present exist of guaranteeing employers against added risks in the employment of disabled men. Disabled men are peculiarly liable to accident, if they have an accident the result of the disability is greater. Some big companies will not employ disabled men. Then, also, a disabled man may have a lessened expectation of life; therefore he cannot buy life insurance at normal rates. Those things ought to be met in some way.

Q. Yes, that is quite a problem?—A. I believe that a report on the matter has been made to the Department of Civil Re-establishment, and it should be taken up and dealt with in some way.

It has been suggested more than once during the taking of this evidence that there should be a Court of Appeal—some body beyond the Board of Pensions Commissioners. From all that I know of the work here, and from all that I have read and seen elsewhere, I am very much opposed to that suggestion. I think you should make your pension jurisdiction absolutely final, and vested in one body—make them your Court of Appeal.

Q. It is now?—A. As it is now.

Q. It is now?—A. You are not going to make any recommendation of a Board of Appeal?

The CHAIRMAN: We have not reached a decision on any of those points so far, and any statement you may wish to make on this point is quite relevant.

Major TODD: The history of the United States shows very definitely the inadvisability of having two pensioning bodies; one, the pensioning body in name; the other, a body which can reverse their decisions. A committee of both houses of the United States, the Senate and Representatives, was formed. It had stringent written restrictions, which, apparently made it a very excellent body when it was first founded. As time went by it became apparent that this joint committee was simply a means of distributing pension money without any definite reference to pension law. The Pensions Bureau would say, "No, a pension should not be given." The matter would go up to the joint committee of the two houses; the committee would discuss it and conclude, "Well, we will give out so many pensions this year,"—and they were distributed. A situation of that sort seems to be almost inevitable. In it pensions would be distributed—so many to a district. I think your pensioning body should be in the position of a Supreme Court judge—the only way, as I understand it, of reversing his decisions is by passing an Act of Parliament. Of course, Parliament in this country

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is the supreme authority; Parliament will never be anything else but the supreme authority. But I think your Pensions Board should be absolutely the supreme authority in its sphere, and that only Parliament should be able to reverse its decisions.

By Mr. Cronyn:

Q. Being a new member of the Committee, and not having the benefit of the consideration that former members of the Committee enjoyed last session, it seemed to me, from the point of view of the Pensions Board themselves, that it would be wise to have some ultimate Court of Appeal beyond the Pensions Board; I do not mean in any sense an appeal to any body of Parliament, but an appeal to some type of Court like the Court of Exchequer. Personally I hold the opinion, and I have heard it expressed, that the provisions in the Regulations which now give the right of Appeal to the Pensions Board are not very reassuring to the man who has made a complaint; he is appealing to the Board who have in theory, if not in actual practice, already pronounced upon his case. I have myself had an exceedingly trying case where a man was killed, leaving a widow and children; I have had every consideration given it by the Pensions Board, but I have felt that an ultimate court might take another view, and give some relief. I just wish to put myself on record on the question?—A. Pensions administration demands a very intimate knowledge of a great many things—of the law; of policy that has been laid down in the past; of precedents established. Now, any other body would require a good deal of study to bring it to the same point as the Pension Commissioneers, who, if my ideal obtained, would themselves be capable of judicial judgment. Does it seem worth while to have two bodies to administer one special Act, one special set of law? It seems to me that the most economical method will be to have but one. There are three Pension Commissioners, each of them having his own opinion, and who in practice very often differ one from the other. It seems to me scarcely worth while to multiply machinery.

By Mr. Pardee:

Q. On the other hand, do you not think it is rather an anomaly to appeal to the same board against a decision that that board has already given?—A. Anomaly refers, of course, to the procedure in courts of law; that is what is in your mind, doubtless?

The CHAIRMAN: I suppose it is really a rehearing, rather than an appeal.

Mr. PARDEE: Major Todd says it ought to be in the nature of a supreme court, a further and higher court appeal. The rehearing is practically an appeal against that decision, because the man is quite satisfied in his own mind that justice had not been granted to him; so that it appears to me that that argument is rather falacious.

Mr. ROSS: It is a new trial, really.

Mr. PARDEE: A new trial perhaps; put it that way.

Major TODD: We look upon ourselves as the soldier's trustees, that it is our duty to pay to him that which is right, so that to my mind this suggestion always seems to imply a lack of confidence in our administrative body.

By the Chairman:

Q. It does not follow that it is a matter of lack of confidence; from one court you appeal to another; could you tell us what is the law in this regard in Great Britain and France?—A. They are doing a good many things in Great Britain at the present time which the pensions administration themselves tell me they do not consider to be desirable. In France there is no appeal. In Great Britain there is an appeal—an appeal which is not controlled in any way by the British Ministry, save indirectly.

Q. To whom is the appeal in the British Ministry?—A. They have a special appeal board.

Q. How constituted?—A. I cannot answer that in detail off-hand; it is a comparatively recent appointment.

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By Mr. Nesbitt:

Q. There is a special appeal board purposely for pensions?—A. Purposely for pensions; it is a special board, but it goes about the country, and they tell me it does not work satisfactorily.

By Mr. Cronyn:

Q. They have there a Ministry of Pensions?—A. Quite so.

By the Chairman:

Q. But this board is independent of the ministry?—A. In part.

By Mr. Nickle:

Q. As a matter of fact, in practice the appeal to the board would only bring before the full board those cases where the men were dissatisfied, because in the ordinary routine of administration the full board does not consider every case?—A. No, indeed; there are many cases where there is no object in bringing a case before the full board. Let us take that unfortunate series of cases where we were unable to grant the pension which the disability probably merited because of the law of the land. For example, there was the case which made it impossible for us to give a pension to a paralyzed sister of a dead man who had supported her. That law we hope is to be changed; but now our people are forced to refuse pension. It is a case where we have no discretion.

Q. Speaking of cases where you have jurisdiction, the ordinary cases do not come before the full board at all?—A. Not unless there is some special reason.

Q. If there is a case where there is no cause for discussion it does not come before the full board?—A. No.

Q. So that in many cases the board does not award the pension; in the ordinary course of administration the decision is given without the commissioner's having anything to say about it at all?—A. Quite right.

Q. And a great majority of cases in practice are awarded without any consideration being given by the commission?—A. Quite right, the law and the policy having been established, the responsible members of our staff have their instructions and they are trusted to obey them.

Q. To use Mr. Archibald's expression, the Pension Commissioners have become largely an administrative body rather than an awarding body?—A. In the sense that you mean, yes.

Q. And the only case in which it would come before the individual commissioners is that outside the ordinary case?—A. Quite right.

Q. And the only cases that come before the full board are the most unusual cases?—A. Yes, quite right. You understand that the full board very often meet and discuss cases; at the present moment there are half a dozen cases which I have under consideration and which, when I have determined my opinion, will be sent to my fellow-commissioners; they will also consider them, and if necessary we will consider each of those cases together before our collective decision is arrived at. There are still certain extraordinary cases where the policy has not been decided. In each such case, if it is possible to do so, we lay down the principle upon which such cases are to be decided. That decision is placed in our minutes and is circulated among our officers who do the work; they obey such instructions from thereafter.

Q. Where the policy is decided the application of the policy in ordinary cases is administrative?—A. That is so.

By Mr Sutherland:

Q. You spoke about ordinary cases; what would you term out of the ordinary; where an appeal had been made, I presume, or a request for further examination, or a complaint as to the inadequacy of the pension; those cases would have to be con-

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sidered by the board?—A. Not necessarily, because take the case of the poor girl of whom I spoke a moment ago. We received many complaints on her behalf but there was no use bringing those complaints to the attention of the commissioners. The commission had no power to deal with the complaint; the law did not permit anything other than which was being done.

Q. I brought to the attention of the committee a few days ago the case of Sergt.-Major Tooke, and if you have reviewed the evidence you will see it is not necessary to refer to it; but, very briefly, this soldier complained this pension was wholly inadequate to support himself and his family and did not begin to compare with the disability from which he suffered. I wrote to Sir James Loughheed and he wrote to Colonel Labatt asking him to be good enough to look into this case and to let him know whether reconsideration would be justified. He also sent my letter in which I stated to him that the case should be reinvestigated, and quoted the statement of the man that "My nerves and my physical condition is such that I cannot do more than six hours' work per day. That makes my weekly wages amount to about \$10 a week, and out of this I have to keep a wife and one child. This is not sufficient. On February 15 I received a pension paper and cheque for \$5.66, being pension money for two months at the rate of \$2.66 per month. I firmly believe that eventually I can cure my nerves by will-power, but while I am yet incapacitated I expect more support from the Government in order to attain this. By profession I am a cash-accountant, but before the war I was doing manual labour, and as on my discharge from the army I could not obtain a position as cash, I have had to resort to manual labour; the whole difference and one on which I base my claim for a bigger pension is this, before the war I was capable of hard-labouring work, to-day I am not, and \$2.66 is not the equivalent of my disability." I understand from the statements that have been made that this case did not come before the Pension Commissioners at all. Do you remember the case?—A. No, I do not remember it. I was in England when it came up.

Q. I called Col. Labatt's attention to it the other day before the Committee, and that was the admission he made.—A. I was away, at the time, in England. Colonel Labatt, Mr. Archibald and Major Coristine were Acting Commissioners at the time.

Q. Major Coristine, as secretary of the Commission, signs the statements for Sir James Loughheed. "The facts of the case appear to be perfectly clear and it is not thought that further consideration of the case would make any alteration in the decision arrived at." That would hardly justify giving the Commission exclusive jurisdiction with no other court of appeal. I think that a case of that nature is surely a little out of the ordinary and yet it is dealt with by an acknowledgment by the secretary of the Board.—A. I think that point is made clear to you in the evidence.

Q. That he was acting as Commissioner at that time?—A. No, but that all our communications are invariably signed by the secretary, that we permit no officer or Commissioner to sign personally communications with regard to such matters.

Q. What I was trying to get from you was whether it came before the Commissioner personally; it was before the Acting Commissioner?—A. I was not here, I cannot say whether it appeared before the Commissioners or not.

Q. I understand that it did not.—A. The fact that the secretary signed the letter does not indicate that he dealt with it personally; he is the one man who would sign such a letter. We insist that no officer, no individual commissioner or officer should sign any communication from our office. We do not permit the possibility of anybody thinking that by writing a letter to me or to anybody else, he can get preferential consideration. That is why all our letters are so signed by the secretary.

Q. But, you a few moments ago said it would seem a reflection on the Commission to have the matter referred to some one outside the Commission, and this case is evidently closed up because it is not thought that further consideration of the case would make any alteration in the decision arrived at, and the matter dropped there, and the man was under the impression that he was suffering a great injustice. I have

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also made that statement and yet nothing further was done. If there were some appeal court, some body of appeal, it might have been quite different. As Mr. Pardee has pointed out, there would not be much use in referring the question back to the same body that had already passed an opinion on it.—A. Did you make any reply to this letter; I understood it went to you?

Q. No, I understood the matter was closed. "The facts of the case appear to be perfectly clear and it is not thought that further reconsideration of the case would make any alteration in the decision arrived at."—A. Did you ever make it clear to the Board that you were of the contrary opinion?

Q. I certainly endeavoured to in my communication.

By Mr. Redman:

Q. What is your course of procedure in the case of an appeal? Must the man appear before you personally, and bring his evidence?—A. A man may come before us with his counsel or alone. Before an appeal is made, however, we are careful to bring forward everything in order, if possible, to satisfy the man; very frequently we have been able to satisfy him by sending him to specialists for special examination or in any other way. If the man is in Ottawa, for example, and is not satisfied with the Ottawa boards, and we think there may possibly be a reason for his dissatisfaction, we have him sent to Montreal or elsewhere, to have him examined. We have done the same thing with men in other cities. But if the man is still dissatisfied and says "I want an appeal," we arrange to see him personally, the three of us together, and he presents his case to us.

By Mr. Sutherland:

Q. Just previous to the last question you asked me if I had made it clear to the Board that I was of a contrary opinion. I have pointed out that the letter I sent to Sir James Loughheed was sent by him to the Board, and in that letter, I used these words: "The brutal callousness of those responsible for turning this man off with a pension of \$2.66 per month, in view of the services he has given, and his present condition, should be fixed where it properly belongs. I am therefore recommending that the case of this man should be immediately investigated."—A. The file says that the case is being taken up again.

Q. Taken up just a few days ago, after having thrashed the matter out on three or four different occasions on this committee.—A. Do you not think that it would be well to wait for the report of the neurologist?

Q. I do not consider that affects it for one moment. The matter to which I call your attention is the advisability of having another body to appeal to after the commission have rendered their judgment on the matter. The present condition of the man does not affect the matter to the slightest degree in my opinion. The fact is that this case was put before this Board as strongly as it possibly could be put and yet it received no further consideration.—A. It has received consideration as shown by the fact that the file was drawn and the facts taken into consideration. The statements you put before us permitted the deduction that the facts of the case were perfectly clear and it was not thought that any further consideration would make any alteration in the decision arrived at. That statement was sent to Senator Loughheed; he would know that the machinery open for further examination is always open. Senator Loughheed transmitted it to you; further examination was not asked for, and no new facts were brought before us by your letter as I have read it here. Another Board will probably not bring any more medical facts before us and will decide in the same way.

Q. Was there nothing new in the man's statement?—A. No, nothing new, only the man's own statement, and no verification of his condition from a medical man. What would you have done under similar circumstances? Would you have ordered another Board at once?

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Q. I think in view of the man's complaint, and the beggarly pension he was receiving it would entitle him to further consideration, and not only that the view contained in the reports of the various boards before whom he had been, ought to have received more consideration than the final Board. The board in England, the board at London a few weeks before his discharge, and on his discharge decided that he was unfit for further service, and he is turned off with a 5 per cent disability.—A. Service is not taken into consideration; only disability is pensionable.

By the Chairman:

Q. Is there anything further you have to add?—A. Not in that particular case. You have touched on pensions to Canadians serving in the Royal Flying Corps. Pensions for Canadians serving in Imperial units would be covered by a suggestion which has been made before you—that pensions for allied reservists, bona fide Canadians resident here, should be raised to the Canadian level. I do not know whether you intend to adopt that or not.

The CHAIRMAN: That is before us for consideration.

WITNESS: It would be covered in that way. We should like you to make a very definite ruling as to whether you wish us to administer a straight Military Pensions Act, or whether you wish us to take cognizance of men's natural risks of existence during the period of their military service. For instance, a man enlists and goes overseas; he had syphilis twenty years ago, but while he is overseas he falls ill with general paresis of the insane. He acquired the syphilis twenty years ago; he has served for some time, done well; he gets general paresis of the insane. Do you want us to refuse pension to that man in every case, or do you want us to consider the natural risks of existence—in that man's case, the fact that he had many years before acquired the seeds of a progressive disease? That is what is at the bottom of our recommendation that Mr. Archibald has put before you—that after a man has been in service for three months we should consider that the man is whole, and pension him for everything. That is one of the most difficult points with which we deal, and our instructions are not sufficient.

By Mr. Pardee:

Q. That is, should you do away with deduction for previous disability?—A. Yes. That is it, put in very brief language. We want a definite instruction on that point. The lack of a definite instruction makes our position exceedingly difficult.

By the Chairman:

Q. Would you give us the principal classes under which those cases of previous disability fall?—A. That is an exceedingly difficult thing to answer. There is tuberculosis, venereal disease, and rheumatism; these are three important classes.

Q. Does rheumatism suggest heart trouble?—A. Very much, and many other things.

Q. Then tuberculosis, venereal disease, heart affections?—A. I do not think it would be possible to make a definite list of instances which ought to be considered. I think in these cases, as everywhere through pensions administration, it is much better to lay down general enactments and then to permit the best human experience to administer them. For example, Colonel Russell gave you extremely excellent and suggestive evidence. I think the best thing to do in dealing with nervous affections is to permit men like Colonel Russell to deal with them, and to advise your pensioning authority as to the extent of the pensionable disability in each case. That is what I mean by using the best human experience.

By Mr. Parent:

Q. What do they do in other countries in regard to such matters?—A. I think Colonel Russell tells you very definitely that in both Great Britain and France the best medical experience is accepted and acted upon.

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By Mr. Nickle:

Q. You said in the absence of a rule of a more definite kind you divide disability into two classes—aggravation and disability incurred previous to enlistment?—A. I did not mean to insinuate anything against our existing legislation there; but I referred to the interpretation of that particular paragraph to which you are referring. I think the word “in” is mentioned—“in service.”

Q. No, it is “on”?—A. It is just simply the interpretation of that word “on”; does that mean the time the man is wearing the uniform, or during the time the man is actually engaged in military work? The interpretation we have been putting upon it has been, usually, “while he is wearing the uniform.”

Q. That is what it says—incurred on active service, or resulting thereby; the rule you are now working under makes it a clear-cut distinction between disability and aggravation of disability incurred subsequent to enlistment?—A. You mean, not due to service?

Q. I say, subsequent to enlistment?—A. That is clear; but take a case of this sort, where there is no aggravation—a man has enlisted, he goes to his home, he watches a neighbour chopping wood, a splinter flies up and puts out his eye. Is that man pensionable or not pensionable?

Q. I am taking all those cases like tuberculosis and rheumatism and all those things; the rule is quite clear that all the pension you can award is a pension in respect of a disabled condition that became aggravated subsequent to enlistment, unless the disease came by service subsequent to enlistment?—A. That we do.

Q. I understand you are an expert medically?—A. No, I am not.

Q. Referring to Dr. Russell, do you consider it is possible to make a clear division between functional nervousness and neurasthenia?—A. I would like to see it written down.

Q. I am not an expert, but I want to follow this along a little bit; he spoke of functional paralysis?—A. That is right.

Q. Which was an honest belief in a man's condition, and was not imaginary; he said that was curable?—A. Yes, I believe so.

Q. Now, here is a neurasthenic; that is, a man suffering from nerve exhaustion; will you go the length of saying that there is a clear-cut division recognizable by medical men that enables a man without error to put a patient in either one class or the other?—A. I would say this, that it is possible mathematically to recognize whether or not the paralysis is nervous.

Q. That is an evasion rather than an answer; mathematically it may be, but practically?—A. Well, practically also.

Q. You say it is practical?—A. Absolutely.

Q. Then you say as a medical man that you can determine whether a man is suffering?—A. No, I said that I could say absolutely that the paralysis in a given case was a functional paralysis; that is right.

Q. Or—A. I did not go any farther than that.

Q. How will you answer my question?—A. I repeat, that the best thing to do in cases of that sort is to trust the best human experience; fewer errors will be made, and if you trust that human experience the best possible administration will be secured. I think you should be generous and give the man the benefit of every doubt. I think that in this way soldiers will be dealt with squarely, fully, and in a manner that the country desires.

Q. I showed Col. Russell's evidence to another expert, and he told me he did not agree with Col. Russell that there was any well-defined line of demarkation between what I called functional nervousness, as I had used the term, and nervousness; that one case merged into the other, and that it was absolutely impossible for any man to determine whether it was honest nerve exhaustion or whether it was an honest belief in nervous exhaustion?—A. I think you put it better in the last phrase. It would be

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extremely difficult, and I suggest that the only way of dealing with the question is to trust the experience of men who have dealt most with these cases.

Q. Then, is the man who examines the patient the better judge, or the man who reads the record of the examination?—A. I should say, always the man who examines the case is the better judge if—and here is a great big if—if he has the necessary experience, if he has the necessary knowledge, and if in translating, describing, disability in terms of percentage he knows the precedents that have been established in the headquarters office.

Q. Then if he has not the necessary knowledge, the necessary experience, or the necessary ability to translate what he sees and put it on the document, your central advisor must necessarily fail?—A. I would not say fail, because he can often read—

Q. He must necessarily reach an incorrect conclusion?—A. Or ask for additional information.

Q. Then it all really depends in those nervous cases, that the disability must be determined by the correctness of the original examining board, and their ability to place on record what they see?—A. That is true of every case.

Q. But most particularly nervous cases, because the disability is not specific?—A. It demands a higher grade of training, perhaps, than simple things like the amputation of an arm.

Q. And without complete and full information it would be impossible for a man like Col. Russell to express any final and reasonably correct opinion on any case?—A. I would not say that, because very often the report is so definite that it can be translated into a correct conclusion.

Q. The complaints we have mostly had have been in regard to disability cases and I want to see where the weakness is.—A. I think that a great many of these men who have been discharged should have received more treatment; that is my opinion.

Q. Colonel Belton told us that a certain man could be made well again in twenty-four hours, and the fact is that he is staggering around now a physical wreck.—A. I can only repeat what I told you the last time that I gave evidence, that I saw a man go into a room with his arm paralyzed, with his arm in a splint, and I saw him fifteen minutes later with his arm out of the splint and working; yet that man had his arm put into splints by a supposedly competent surgeon.

Q. I suppose you have also seen nervous cases where you could not define the cause of the trouble which was such as only a post mortem would disclose?—A. In such cases as those Colonel Russell, Colonel Belton or any one on our staff will give the man the benefit of the doubt.

By the Chairman:

Q. In all this class of cases where, from the nature of the disease, you might assume, I suppose, there was prior disability, what steps if any do you take to ascertain the facts as to the prior disability?—A. All that we have is the document prepared by the military authorities.

Q. Well, then, if the documents presented show a case that would suggest the possibility of prior disability, that is from the nature of the disease from which the man was suffering at the time, if there is anything on the record you would not go back of that?—A. No, we have no machinery, yet, for doing so.

Q. You have no machinery for going back of that? Take the case of arterial sclerosis or some such case as that in which the normal conditions have gradually developed, rather than the acute conditions, if there is nothing on the record that shows that the man had suffered from heart trouble prior to enlistment you would not make any inquiries back of that?—A. No.

Q. Do you think you should, if you are awarding on the basis of disability incurred during service or the aggravation of disability during service, how can you get at it?—A. That is one of the reasons why I said a few minutes ago that there is extra-

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ordinary difficulty in determining in cases of that sort the proportion of disability which is due to active service. I had thought it might be possible to do so, when I first commenced to administer the pensions, but I have consulted authorities in England or elsewhere and have come to the conclusion that it is absolutely impossible to say what proportion of disability in syphilitic cases, for example, is due to aggravation by service, and what is due to natural progression of the disease.

By Mr. Nesbitt:

Q. And that is why you say in six months he should be re-examined?—A. That is right.

By Mr. Nickle:

Q. In cases that have come before you where a man's disability has developed gradually you make no effort to determine how much of that is due to aggravation by service?—A. I do not say that, I say we do not go behind the military records which we have before us.

Q. Colonel Belton told us that in one case not only was there nothing to show what the man's condition was at the time of enlistment, because he was granted commission and there is no record of his condition.—A. That is not quite correct.

Q. That with regard to his attestation papers they showed his then condition.—A. That is not quite accurate. In the first days of the war normal procedure existed. Under that normal procedure officers were not medically examined in the same way as privates but at the present time as in the later days of the war, I cannot say how early, but during the first few months, officers are medically examined. Now, and for some time past, all officers are examined as are privates.

Q. Then if the case came before you of an officer who joined in the early days of the war and his record showed nothing as to his condition at the time he became a member of the forces, and he was suffering from disease and complained of a disability of such a character that you would reasonably presume was progressive, you would not go behind the military papers to learn whether or not that condition was pre-existent to enlistment.—A. No more than for a private.

Q. What stages would you suggest?—A. My reply to the Chairman was that we have no machinery for that sort of thing.

Q. But you have not attempted to organize or develop any machinery?—A. I do not know of any machinery which we could develop without going to the man's private practitioner.

Q. You do not ask the medical boards to make inquiries of the man's previous condition?—A. That is part of their record.

Q. If the record shows nothing, would you send it back and ask him to make that inquiry?—A. I do not know that that has been ever done. Such things are left in the hands of our medical officers, if they think there is any doubt in a case they doubtless do so, or perhaps, ask for information throughout District offices.

Q. But you are the judge?—A. I am.

Q. And if the case was inadequately presented to you?—A. I would ask for more information.

Q. Then you try to complete the record as far as you can?—A. Quite so.

By the Chairman:

Q. Just to get the procedure fairly before us, and by way of illustrating, as the case has been before us, take the case of Lt.-Col. Bradbury; there the first medical board reports on his condition and attributes a portion of the disability to a condition at the time of enlistment; a subsequent medical board reports, and attributes the disability wholly to the results of active service; how would you deal with a case of that kind. What would be the procedure?—A. In this particular case it so happens that the Commissioners considered it only a few days ago. The instruction given to

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Col. Belton, just as you have suggested a moment ago, to gather more information, to inquire whether this officer had been medically examined at his enlistment, to get more information as to the history of the disease. That was the instruction in this case.

Q. Then is that a new departure you are now making?—A. No, it has been a practice always.

Q. That is just the point; I thought you said to me that it was not—that you did not go behind the record?—A. Excuse me, the record is here; I have asked them to get the record.

Q. In that case there are two conflicting medical boards; but assuming that the only board you had was the last one, or that the last one had been the first, then you would not have gone any further?—A. I would have to read it very carefully, to answer your question, but the probability is,—if it has the appearance of being a complete document, with no hiatus,—that pension would have been granted in accordance with it unless its statements were entirely improbable from their very nature. For example, we had the case this morning of a man who had only been in service in Canada for one month, and had developed signs of general paresis; it was obviously impossible that they could be due to service, and the decision was, no pension. But if this man had been in the service for a series of months, then it would be impossible to make an almost certainly accurate decision and the man would get the benefit of the doubt.

Q. In that particular case, what did the medical board report—in the case you mention where it developed in a month?—A. General paresis of the insane.

Q. Due to conditions prior to enlistment?—A. The deduction from the nature of the disease is that it must have been prior; it is impossible for it to develop without syphilis.

Q. The question is whether that was the medical board's report or the decision of the Pensions Board, based on the report received?—A. It was the decision of the Pensions Board.

By Mr. Nickle:

Q. In the record you have just called in, the first board said the disability was 75 per cent, but your board gave a pension of 50 per cent, saying two-thirds of it was aggravation; then the new board sat, and they say there is an 80 per cent disability, all of which is original, subsequent to the time of enlistment; and Col. McGillivray whom we examined here the other day, said that on the facts as he read them 50 per cent disability was all that was there subject to enlistment, and that he thought your board had not dealt ungenerously with the man; now, what becomes of medical accuracy?—A. Part of medicine is scientific, part an art. In many things medical men must guess. But their guess is an instructed one, that is all that one can say; it is a guess in a case of that kind.

Q. And the last guess is on Sparks street?—A. Absolutely; you are quite right; and my contention is that the best human experience is what we ought to get; if not, we are at fault.

Q. When Colonel Cameron was here the other day he said the medical service was very faulty; he said: "We are doing the best we can, but we cannot get the service for the boards below." Is that right?—A. It all depends on what you mean by "very." That it is faulty is quite true; that it is very faulty, I deny. I think that Canada has great cause to be proud of the work that her medical service has done during the war.

Q. What I meant by the expression was this. He said that a great many men had gone away; it was hard to get doctors; there was a great demand for them; medical men were otherwise engaged. Now, do you think injustice is being done to the men owing to a faulty medical service?—A. That is a point I wanted to bring up also. The

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responsibility for getting proper medical advice for pension purposes rests entirely with the Board of Pension Commissioners. We are using the medical service of the C.A.M.C., and if there is fault in it we represent the faults to General Fotheringham. We have represented the situations which we thought might be bettered, and General Fotheringham has met us at once. Now, my answer to Mr. Nickle's question is that the medical advice given to the Pension Commissioners has been of a very high grade. That it can be bettered is very certain; that it is being bettered is also certain.

By the Chairman:

Q. I think Mr. Nickle last mentioned the boards to which Colonel Cameron was referring; those were the local boards, and the difficulty of getting strong local boards at the present time throughout Canada was because of the large number of medical men who had gone overseas or were engaged in other service?—A. That is quite accurate; but that the local boards are far below par, or below average medical competence, I cannot admit; not for one moment.

By Mr. Nickle:

Q. I did not say below par.—A. Or "very" faulty.

Q. Then the only cases where you say you get information beyond that given you by the local boards is where somebody raises the question as to the inadequacy of the pension?—A. Either somebody inside our office or outside our office.

By Mr. Pardee:

Q. Or where there is a hiatus in the record?—A. Quite right.

By Mr. Nesbitt:

Q. In the case you mentioned where a man applied for pension who had been serving only a month, did the original medical board report to you that he had had that disability previous to enlistment?—A. No; you cannot have general paresis of the insane without having had syphilis, so the history of the disease made it quite evident that the man had had venereal disease.

Q. But the original medical board did not so state?—A. It did not say he had syphilis; it stated only the nature of the disease he had.

By Mr. Ross:

Q. Could that develop in two months?—A. No, sir; absolutely impossible.

Q. You are talking of making a regulation that if the disease does not show itself within the first three months the man will be considered whole; but now you say that disease cannot show itself in the first three months; therefore, that man will get a pension. Is that not going to make your limitation unfair—or, more than fair to such a man?—A. In this particular case there was no stress of service. You can imagine a man being all right on going over, but being put under tremendous stress, and then the disease being precipitated in three months. In this case there was no stress. The paresis developed in one month. Three months is an arbitrarily fixed period. You will get hardships on one side of it and you will get undue generousities on the other.

By the Chairman:

Q. Assume the man was not subjected to undue hardship in his service, would that disease develop in three months?—A. I never heard of a case.

Q. In that case a man would get a pension for disability contracted wholly prior to enlistment, if you fix an arbitrary limit?—A. Yes.

By Mr. Nickle:

Q. You mean if the man were suffering from disability of such a character that you would reasonably assume that it could not have developed since he joined the [Major J. L. Todd.]

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service, and if there were nothing on the record to show what his condition was at the time he joined the service, you would make an inquiry from outside sources or otherwise, to learn what his physical condition was when he became a member of the force?—A. Otherwise, so far, we have no machinery for making investigations outside through private sources.

Q. Would you then send back the memorandum in such a case as I have mentioned to the military authorities asking them to make inquiries as to what the man's condition was at the time he enlisted?—A. We have done so in some cases.

Q. You would not always do it?—A. Unless the circumstances make it desirable or necessary.

Q. Would it be desirable or necessary if there were a reasonable ground for assuming the disability existed or had its inception prior to enlistment?—A. Yes; "reasonableness" depends upon the interpretation of the regulation.

By the Chairman:

Q. Is there anything further you have to suggest?—A. There were several other points. One thing which I wanted to insist upon was the undesirability of permitting pensions to be granted definitively from more than one office. The United States tried the experiment of granting pensions definitively from offices scattered all over the United States. The result was that the offices vied with one another in giving generous pensions. Control by a co-ordinating central office was lacking.

By Mr. Nesbitt:

Q. No suggestion of that here?—A. There was one in the record that I so interpreted.

By the Chairman:

Q. That is your way of answering the question that the local medical board's determination should be accepted?—A. Yes, that is so.

By Mr. Ross:

Q. That is the danger of accepting the finding of the local board?—A. Yes.

Q. One gave liberally, and the other did not do so?—A. The experiment in the United States expressly shows that that is unworkable. I wanted to make clear why pension headquarters sometimes may seem unduly critical of estimations of disability furnished by local medical boards. We are critical for two reasons: first, in order to grant pensions rightfully, and secondly, to have on record for future use an absolute correct description of the man's disability—a description which fits into and fully authorizes any pension granted. We are looking forward to the time when a man appeals, twenty years from now perhaps, against a pension, or when a man dies and his children appeal and say their father died because of disability incurred in service. It is absolutely necessary that our record be as nearly accurate as we can make them. That is one of the reasons why we have been somewhat severely critical of local medical boards.

Mr. Nickle made an assertion, that medical men had suggested to him that the percentage of disability which we attach to various injuries in our table are not correct. He stated that he was so informed by competent medical men. If Mr. Nickle cared to extend to these medical men an invitation to inform us in the matter, to teach us, we would be extremely glad to learn all that they had to say and to discuss the matter with them.

By Mr. Nickle:

Q. It is purely a matter of opinion?—A. Not altogether a matter of opinion. The United States has in their war risk insurance, which is the Pensions Bill, a phrase which says that the pensioning authority must establish a table of disabilities in accordance with which pensions will be awarded; they are to establish that table upon

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recorded experience; so that it is not entirely a matter of opinion. It is a matter of recorded experience, of what happens to men with a given disability, when they were thrown into the life of the community for which pension is being granted. So that experience has something to do with it; but at the present time, and in the past, I acknowledge that opinion has had to do with it.

Q. It has had to do with it in so far as present conditions are on all fours with past conditions, but as industrially and commercially conditions change, then your percentage of disability must necessarily vary.—A. That is true. It is also true that many of the percentages given in the medical books have been based on decisions in German and Austrian courts of law. It has only been in the last few years that Workmen's Compensation authorities, on this continent particularly, have been gathering together actual records of what happens to disabled men. As far as I know, the percentage of the disability tables used in the Western States and in the province of Ontario are especially sound.

Q. What do you think of the German tables?—A. They are often bad.

Q. Until recently certain tables were thought to be accurate but they are now known to be bad?—A. That is my opinion, sir, and I have acted upon that opinion.

There is a further point, a matter of wording. Disabled soldiers were said to be "applying" for pension. They do not "apply" for pension. They are awarded pensions in the ordinary course of administration, and no application is necessary unless application comes up in the way of appeal.

Q. Is it not used in the sense that a man applies for pension when the report of the medical board comes in?—A. It was used in the sense that somebody thought they had to write out an application and ask for a pension.

Q. That might occur when a man was discharged by a medical board?—A. I think that was the case.

Mr. Archibald spoke to you about the necessity of making the amount of pension awarded to a dependent parent proportionate to the contribution received, during his life, from a deceased son.

Q. Contribution received or likely to be received?—A. Quite right. That will cover prospective dependency, if you so word it.

Then, I should like to ask that you incorporate in your finding a recommendation that the Board of Pension Commissioners, exclusively, be empowered to make recommendations to Council for pensions in extraordinary cases which are not covered by legislation. There are cases coming before us where we were sure that the whole country would wish assistance to be given.

The committee adjourned until 3.30.

The committee resumed at 3.30 p.m.

Major TODD recalled.

By the Chairman:

Q. What other points did you wish to mention?—A. I think, when we stopped, I was talking about the general question of medical boarding, and making it clear to you, among other things, that the responsibility for all medical opinion and advice upon which we acted rested with the Board of Pension Commissioners, although we depended upon the C.A.M.C. for supplying medical information. That that information is sound is our responsibility; we have exclusive jurisdiction so that we are responsible if there is anything wrong.

In the evidence given before you somebody said that the medical boards treated the men cavalierly, that a private coming before them did not receive proper consideration and that there was discourtesy shown him. All I have to say with regard to that

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is, that if any instance of anything of that kind is brought to our attention it will receive our most careful consideration and we shall have the matter remedied; but I know of no such instance of my own knowledge.

I should like to direct attention to the evidence in which the suggestion has been made that more than one board of medical advisers should be employed; another board appointed by some other body. You know, those of you who are lawyers, if you have an accident case in court with medical experts on opposite sides you will often have diametrically opposite views expressed. That is true partly because medicine is not an exact science, it is an art, and two men may have perfectly honest opinions which are directly opposed one to the other. Doctors are only human and, like a layman, if a doctor commits himself to an opinion he will stick to it, though he should change it; to do so is human nature. That being so, the present best procedure in legal medicine is to establish a board of medical advisers who will advise a court on medical matters; so that when an accident case comes up for determination, the matter is referred by the court to the medical advisers, who give the opinion that the best medical experience dictates. Therefore from the point of view of efficiency of pension administration, I would very gravely counsel you against making any recommendation which would tolerate more than one final medical opinion. I would get the very best medical opinion regardless of cost and instruct it to give the pensioner the benefit of every doubt. Have only one final authority; do not divide authority between two groups because the moment you do, you will get special pleading and advocacy.

I alluded a moment ago to disability tables. I should like to see your pensioning body empowered to make alterations in their disability table as they found it necessary to do so; precisely as has been recommended in the United States. There are some things in our disability table which have made pension administration very difficult.* The worst example is the one which authorizes us, at the present time, to grant a disability of 40 per cent for the loss of one eye. The best opinion in this country and in Great Britain is that the loss of one eye is equivalent to about 20 per cent. If the man gets 40 per cent for the loss of one eye the whole scale of awards for lessened vision must necessarily be coloured by that one award. Consequently we are granting too much for all visional disabilities, excepting of course those of 100 per cent for total blindness. Thus we have the spectacle of men who have defective eyesight walking around with a bigger pension and a lesser disability than the men who have lost an arm. That is not right, it is unfair for the man who has lost one eye to have the same pension as the man who has lost one half of his hand.

A point that I should like to bring out also is this: Under present pension legislation a man may re-enlist as a soldier, he is discharged, he is a pensioner, and re-enlists as a soldier. He draws both pay as a soldier, and his pension. It is possible under these circumstances for a man to receive a sum of considerable amount from the Government. Now, I think that it would be well, it would certainly be consistent with the theory of pension legislation, if a recommendation were made by which it would not be possible for a pensioner while drawing a pension to derive from the Government more than a certain fixed sum of money. What that sum should be, is a matter for consideration upon which I should not like to express an opinion.

By Mr. Nickle:

Q. I do not understand you to suggest that if a pensioner gets an ordinary position as clerk or caretaker in a department that he should cease to draw his pension?—A. No; let a man hold as many positions as he can fill. The particular point which I am making is that there should be a certain maximum amount which a pensioner should be able to obtain from the government.

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By Mr. Redman:

Q. Could we not bolster that up with this argument, that one could not secure more than \$1,400 in a labour market, therefore we would not be departing from our principle in granting the pension.—A. You might go further and say that the fundamental basis of our pensions is to supply subsistence to pensioners and their dependents upon a scale which can be gained by an ordinary healthful body.

I gave you my personal opinion that we should have some discretionary powers to deal with applications for pensions that did not come under the ordinary rule.

By Mr. Nickle:

Q. That is a personal opinion?—A. Oh, absolutely. At present if a boy goes overseas and comes home badly disabled to live with his mother, whom he formerly supported, we cannot grant that mother anything. In some cases it would be desirable to do so, particularly in the province of Quebec where, as you know, parents have property rights in their children which can be enforced by legal process.

I would like for a moment to allude to the measures by which we try to keep in touch with pensioners. You know that we have branch offices; that we have an inspector who goes about; you know that we have publications; and you know that certain posters are published. By all those means we do our best to keep in touch with pensioners. I may say in parenthesis that the British Ministry of Pensions has no less than 60 inspectors going about the country and talking to people, so that soldiers know not only what the country will do for them, but also what they should do for themselves. With the nervous cases to which Col. Russell alluded, that is one of the most important factors—the knowledge that the country expects them to do the best for themselves.

Finally, I would like to repeat what I said in the beginning, there are many things where the pensions administration wants immediate relief by the formulation of new legislation or new instructions. In my opinion that legislation will be more efficient if, instead of attempting detailed legal enactment, it gives broad instruction. For example, instead of trying to define the individual circumstance and relationship which give right to pension it will be better simply to say that “proven dependency” shall be the basis of pensionability. That is more and more coming to be the point of view of the British Ministry of Pensions; that if it can be proved that an individual has been supported by a man who went to the front and was disabled or killed, then that person has a right of assistance from the Government, whether or not there is restricted relationship.

Q. To the exclusion of prospective dependency?—A. I don't think the question of its inclusion comes into this question.

Q. Do I understand you to mean that they are eliminating prospective dependency as being a reason?—A. No sir, I mean dependency that has been proved to exist shall give the right to a pension.

By the Chairman:

Q. The question was as to how far the collateral issue should go, and instead of specifying certain collateral relations you suggest proven dependency as the best course?—A. The matter has been brought up before you of the length of time after discharge for which a man may apply for pension. I am of opinion that the existence of a war disability should give the right to a pension, no matter at what period that disability becomes apparent. Here, again, you must depend upon best medical opinion. Take, for example, a case that might easily happen: a man gets a crack on the head; his skull is fractured; he goes home, apparently well; he is discharged; later on he develops epilepsy—that epilepsy may not develop for a period of years; medical opinion would find that that epilepsy was due to the crack on the head, and it would be right in so finding. The fact that the symptoms did not appear for a number of years

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afterwards should not exclude pensionability. One other point: there was a man in England who had a bad knee—fibrous adhesions; he got a pension for it; he was told if he accepted operation that his disability would disappear; he refused the operation; his pension continued. One evening, at the top of a dark stairs, he slipped and fell to the bottom, wrenching his knee. He broke down the adhesions, which he had refused to have operated on, and thus cured himself and lost his pension! The moral of the story is that you should trust your medical opinion; if medical opinion informs that operation or treatment is being unreasonably refused, pension should be given in accordance with the medical opinion, without any limitation.

By Mr. Ross:

Q. Even to the refusal of pension?—A. Even to the refusal of pension; that is my opinion.

By Mr. Nickle:

Q. Don't you think that is rather ridiculous in view of the first statement, that medicine is not a science, but an art?—A. I don't think so, for this reason—

Q. Why should a man have to submit to an operation, possibly at the cost of his life, or lose his pension of 20 per cent?—A. I said unreasonably.

Q. But who is to determine?—A. That is just the point. Not you nor I, but expert medical opinion. I think you should recommend something after this sort: say "that unreasonable refusal is the refusal of an operation which does not involve danger to life." For example, an operation where mortality is, perhaps, one in ten thousand cases, and where the probability of complete success is five out of seven.

Q. Would it not be better to do it by mutual arbitration, the man getting somebody to represent him?—A. Here it is in evidence that the Great War Veterans' Association tried to get Dr. Mayburry to act for them. The danger of getting some individual medical man tied down to plead specially is that he soon becomes suspect. I think if you permit the suggestion that the Board of Pension Commissioners are advocates for the government rather than advocates for the soldier, then anything that is suggested in that line would be well taken; but the attitude we are trying to maintain is that we are trustees both for the soldiers and for the country, and that there can be no question about the desire of the pension administration to deal justly and generously—the latter is a word that Colonel Belton rightly objected to, but you will understand what I mean—not only justly but generously with pension claims; therefore I do not think that there is place for arbitration.

By Mr. Pardee:

Q. I want to find out some particulars about this matter of Captain Stephens. We were told this morning by Mr. Archibald that if a man is a captain and he reverts to a lieutenant, and he is wounded, he gets only the pension that the lieutenant's commission carries, but if he is killed on active service his wife is paid the pension of the senior rank. Now, here I find Francis Chatton Stephens, captain, and we turn back and find that at the time of the proceedings of this medical board, dated 12th March, 1916, he was a lieutenant; then later on, under date of 19th June, 1916, I find that another medical board found Major Dunbar—

Major TODD: Those are the proceedings in our office.

MR. PARDEE: This man was wounded when he was a lieutenant; he gives the particulars of the date of his marriage and of his child and he is allowed \$7 a month, and so much for his child, but the pension is granted as of a captain's pension instead of a lieutenant's; what I want to find is, how it comes that this man is pensioned as a captain whereas he was only wounded after having reverted to the rank of lieutenant?—A. But he was subsequently promoted to the rank of captain.

Q. But the question comes up between the time of being disabled on active service, can he take a higher rank and receive a pension as of that higher rank?

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Mr. ARCHIBALD: He is given his pension as of the rank he held upon discharge.

Mr. PARDEE: I don't understand that yet.

Major TODD: Rank is an exceedingly difficult thing to determine, for many, many reasons. There is a great deal of correspondence upon it in the Militia Department. We depend always upon the Militia Department to inform us as to the rank which a soldier held at the time of his discharge, when he comes before us for pension.

Mr. PARDEE: But if a man reverted from captain to lieutenant and he is wounded while on active service as lieutenant, should he not get a pension to which a lieutenant would be entitled?

Mr. GREEN: Unless subsequently he is increased in his pay.

Mr. PARDEE: I will get to that; but if he is killed, his wife gets the pension to which he was entitled as of the rank from which he reverted. Now, if between the time he is wounded and the time he received his discharge he obtains a higher commission in the army, does he get the pension of that higher commission?

Major TODD: He does.

Mr. PARDEE: Then who has the right to promote him?

Major TODD: The Militia Department.

Mr. PARDEE: Then, if I am wounded as a lieutenant the Militia Department may come along at any time and promote me to a captaincy, and I would receive the pension of a captain?

Major TODD: Yes.

Mr. PARDEE: Or a colonelcy?

Mr. ARCHIBALD: Yes, you could receive the pension of a colonel.

Mr. PARDEE: Then the Militia Department could, at any time it took it into its head, promote a man for the purpose of giving him a higher pension.

Major TODD: But surely we would not make such a reflection on that department.

Mr. ARCHIBALD: Certainly they could do it.

Mr. PARDEE: And that is wholly within the power of the Militia Department?

Mr. ARCHIBALD: Certainly.

Hon. Mr. McCURDY: Of course all the orders are approved by the Governor in Council.

Mr. PARDEE: It has to be approved by Order in Council?

Mr. ARCHIBALD: So Mr. McCurdy says, and so I understand.

Mr. ROSS: As a matter of fact, who initiates promotion? Suppose I am a lieutenant, can my colonel, as a matter of military practice, promote me on the field? Or if he recommends it, is it likely to be done? Is it sure to be done?

Hon. Mr. McCURDY: Sure, no.

Mr. ROSS: In nine cases out of ten is it done?

Hon. Mr. McCURDY: It would be difficult to judge it as close as that. If there is a vacancy a man is to be promoted to higher rank.

Mr. PARDEE: Is it usual, such as the case of Capt. Stephens?

Mr. ARCHIBALD: I don't think Capt. Stephens reverted. I think he was a lieutenant and then was promoted subsequent to his discharge. I always understood he was a lieutenant up to the time he came back, and went down to Bermuda to be attached to the 38th Battalion, which was in training down there, and at that time he was promoted to be a captain; that is what I understand. Of course this is just our own pension file. The headquarters file would show you all the reasons of his promotion, and everything.

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Mr. PARDEE: Then he was wounded in France and then came back here, and went to Bermuda.

Mr. ARCHIBALD: No, he was not wounded.

By the Chairman:

Q. What was the disability?

Mr. ARCHIBALD: The Board found him suffering from valvular disease of the heart and that the condition was the result of an attack of rheumatic fever from which he had suffered fifteen years ago.

By Mr. Pardee:

Q. He gets a full captain's pension now?—A. Yes.

Q. Without any deduction whatever for this disability, that really had its inception fifteen years ago?—A. Yes. The Board goes on to say that the officer is not fit for general service; that his disability is permanent; not contracted in the service; not caused by military duty; contracted under circumstances over which he had no control. The patient came before the Board of Pension Commissioners was appointed. The case came before Colonel Dunbar, President of the Pension and Claims Board of May 16, 1916, and he addressed a memorandum to the A.A.G., asking if this officer was promoted to the command as noted in margin when proceeding to Bermuda as bomb instructor with the 38th Battalion, and the answer was, yes.

By Mr. Nickle:

Q. How does Capt. Stephens get full discharge pension?

Major TODD: I would like to go through the file; there may be something further.

Mr. ARCHIBALD: On June 13, 1916, Colonel Belton, who was then a member of the Pensions and Claims Board, wrote that this officer is totally incapacitated, but the disabled condition was present on enlistment considering that it should have been deducted by the medical officer, and has been gradually aggravated during his active service, I am following past policy and recommending a Class 1 pension.

Mr. PARDEE: What is past policy?

Mr. ARCHIBALD: Naturally we know nothing about the past policy of the Pension and Claims Board.

Mr. PARDEE: I thought the present policy was to deduct.

Mr. ARCHIBALD: The present policy has been to deduct, since the present Commission has been in office. The Pension and Claims Board was part of the Department of Militia and Defence and dealt with all pensions up to about 20th June, 1916. After that there was an Order in Council passed and the Order in Council of June 3 appointed the Commission. Another order appointed the then members of the Pension and Claims Board to act in the place of commissioners until permanent commissioners were appointed, and this particular recommendation came just between the Order in Council of June 3, 1916, and the passing away of the Pension and Claims Board, in so far as the C.E.F. were concerned. There is still a Pension and Claims Board as part of the Militia Department, which deals with militia pensions not C.E.F.; so this "past policy" referred to, whatever it was, was the policy, possibly, of the Department of Militia and Defence, or of the Pension and Claims Board of the Department of Militia and Defence. That is why he was recommended for the Class 1 pension.

By Mr. Pardee:

Q. That was before you had anything to do with it?

Major TODD: So he states. I do not know about it myself. I am quite sure he is right.

Q. What is the date when you took office?

Major TODD: 11th September, 1916.

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Q. The present policy is to deduct?

Major TODD: There are cases where one cannot be certain and we must give the soldier the benefit of the doubt. Where we can be certain we deal accordingly. As Mr. Nickle tersely put it, the last guess is with us.

Q. Do you think under all these circumstances, with that medical certificate, that that disability existed sixteen years prior to that time?

Major TODD: I would like to go over the case for fifteen minutes before answering.

Q. Would it appear to you that it would be a proper case for deduction now?

Major TODD: There may be a later board; since the pension has been paid my opinion must be that my people have done rightly, until I find to the contrary.

Mr. NICKLE: Have you gone over the cases of pension granted by the Pension Board, Mr. Archibald?

Mr. ARCHIBALD: No.

Major TODD: Only as they came up for re-examination.

Mr. NICKLE: Has this one been gone over?

Mr. ARCHIBALD: This one came up for re-examination.

Major TODD: I will look over it and tell you what I think about it. Before I withdraw I should like to mention one further point. A letter has appeared in the public press. Your records show that that letter was read before you. It is not in your records. I do not wish to allude to it any further than in this way: I should like to say, very clearly, that as far as I am personally concerned, and as far as my knowledge goes, no individual legislator has endeavoured to bring influence of an unfair nature to bear upon the Board of Pension Commissioners, and I very emphatically repudiate a suggestion that any such influence has ever been successful. Personally, I should like to say that if you are of the opinion that unfair influence has been brought to bear upon any of my actions and that I have yielded to that influence, you must not permit me to remain on the Pension Board.

Mr. PARDEE: That remark was not prompted by anything I have said?

Major TODD: No, no; I apologize if you think so.

Mr. PARDEE: I was simply asking if it could be so.

Major TODD: I understand. I have glanced at these papers and find that this officer had dysentery while in France. He recover from that, and then the heart disease became evident. From what Colonel Belton says later on, I suggest the idea that Colonel Belton had in his mind was that the dysentery may have been a lowering cause and brought on a renewal of the trouble with the heart. We know that rheumatism is supposed to be one expression of a constant chronic infection; thus sore throat, rheumatism, heart disease, chorea, are all expressions of one affection. If a man is below par or worried there might be a recrudescence of a former trouble, for a time quiescent. That is probably what was in Colonel Belton's mind when he said: "We will grant this chap a pension of a second degree for six months."

Mr. ROSS: It was just granted for six months?

Major TODD: Yes. The first recommendation. The pension now is a 60 per cent pension—\$600 a year. The recommendation is now for a 60 per cent pension, and whether I am of a like opinion I do not know until I have read the complete file.

By the Chairman:

Q. What did he start in with?

Major TODD: A second degree pension.

Mr. ARCHIBALD: It was a total disablement not in the presence of the enemy. Therefore he would get a second degree pension. However, they did away with the distinction between wounds sustained in the presence of the enemy and those not so incurred, and thereupon he became 100 per cent disabled, because he was totally dis-

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abled not in the presence of the enemy and for a certain time he got 100 per cent pension. Now he is getting 60 per cent pension. That is on account of the fact he has been examined a second time.

Mr. ROSS: And something was taken off on account of previous disability.

Mr. ARCHIBALD: Probably.

The CHAIRMAN: Did they speak about his condition at the time of enlistment?

Major TODD: No, they did not. The records are often incomplete, and in this case there is no record of this officer's physical condition at the time of his enlistment.

Mr. NICKLE: How can you say that, in view of the fact that Col. Belton has a record on the same file?

Major TODD: I said at the time of his enlistment. There is a note here that he had an attack of rheumatic fever which he suffered from sixteen years ago. I meant by my statement that we had here no medical history to prove physical condition at enlistment, and no record of medical examination made at the time of the man's enlistment.

Mr. NICKLE: Officers do not enlist. They are granted commissions.

Major TODD: Yes. On the strength of that board we continued to pension at the same rate.

The CHAIRMAN: On the 8th November, 1916, there was still 100 per cent disability. You continued the pension on the full rate?

Major TODD: Yes.

The CHAIRMAN: Is there anything in this report at all that the condition was wholly due to service?

Major TODD: Nothing further.

Mr. NICKLE: In view of the report dated November 6, 1916, and of Colonel Belton's original report, how do you fix the pension as a total disability pension? On what ground do you determine the pension as a total disability pension?—A. Entirely on the report of our medical adviser; evidently what was in his mind was that he had not sufficient proof in this case that the disability was not aggravated by the man's service.

The CHAIRMAN: Did you have any communication with the Board that granted the pension?

Major TODD: There is nothing on the file.

The CHAIRMAN: Then have you any further examination?

Major TODD: Yes, there are some further ones. We made inquiry concerning this officer's rank which resulted in making certain deductions from pension cheques showing that we had been paying for the wrong rank.

The CHAIRMAN: What do you mean by that?

Major TODD: That we had not been correctly informed as to the dates on which this officer was promoted, and the rectification of that error resulted in the deduction of a certain sum.

Mr. NESBITT: What is he drawing now?

Major TODD: \$600—60 per cent pension, that has been cut down from 100 per cent to 60 per cent.

Mr. NICKLE: The temporary pension which was granted in 1916 as a total disability pension was granted on the advice of Colonel Belton.

Major TODD: That is so.

Mr. NICKLE: And as far as you remember, the attention of the Board was not in any way directed to the case?

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Major TODD: I am sure it was not, otherwise it would so appear on the file. Then he was examined again while he was in New York, I believe on public service, and we have a doctor's report from there saying that he was quite ill and wanted treatment: "That unless treatment is provided for him his outlook is not particularly good." He was examined again on October 6, 1917, and his disability was said to be 70 per cent.

The CHAIRMAN: Does that show anything as to the condition on the date of enlistment?

Major TODD: No, sir. The board says 25 per cent lessened, and here it says 40 per cent due to service, and the action that we took on that report is that our medical adviser as a result of this board recommended that there be 60 per cent pension.

The CHAIRMAN: What was the recommendation of the local board?

Major TODD: The recommendation of the local board there was 70 per cent.

Mr. ROSS: And that was cut down 10 per cent.

Major TODD: That was cut down 10 per cent. The board, as I said a moment ago, recommended 70 per cent as the man's total disability and stated that the disability due to service was 25 per cent. Our medical adviser recommended that a pension be granted for a disability of 60 per cent.

The CHAIRMAN: Then in that case you raised it from 25 per cent, the recommendation of the local Board, to 60 per cent?

Major TODD: That is right; 70 was the total, and 25 was the disability due to service. Our medical adviser, doubtless influenced by his past knowledge of the case, you will remember the local medical board have not all the papers before them—recommended that this officer get 60 per cent.

Mr. NICKLE: Was any time specified in the Order in Council?

Mr. NICKLE: As to the period at which pensions should be determined in none of the Orders in Council was any time specified at which pensions should be determined, but in practice you have established the principle that the pension determinable at discharge should take the rank at discharge as the determining rank?

Major TODD: That is so.

Mr. NICKLE: So that if promotion takes place between the time the disability has occurred and the discharge, the pension is determined at the rank then held?

Major TODD: That is right.

Witness retired.

Committee adjourned till 3.30 p.m., Tuesday, 14th.

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ADDENDUM TO No. 11 COPY OF PROCEEDINGS.

- (a) Letter of Col. R. H. Labatt re disability pension.
- (b) Letter of Commander J. K. L. Ross re Col. R. H. Labatt's disability pension.
- (c) Letter of Mr. Kenneth Archibald re suggestions of Chairman of G.W.V.A. Pension Committee and report thereon.

OTTAWA, May 8, 1918.

The Hon. N. W. ROWELL, Esq., K.C.,
Chairman, Parliamentary Committee on Pensions,
House of Commons,
Ottawa, Canada.

DEAR SIR,—I have noticed, in the reports of the Proceedings of the Pensions Committee, as they appeared in the press and in discussion in the House of Commons, that objection has been taken to my receiving a pension while employed as a member of the Board of Pension Commissioners.

At the time the question of the Pension Regulations (subsequently contained in Order in Council P.C. 1334 of June 3, 1916) was being discussed by the former Parliamentary Committee stress was laid upon the provision contained in clause 9 which reads as follows:—

“No deduction shall be made from the amount awarded to any pensioner owing to his having undertaken work or perfected himself in some form of industry.”

In estimating the extent of disabilities, therefore, the disabling condition is considered entirely in its relation to employment in the general labour market.

Under that provision pensions have been awarded to a large number of pensioners, who, since their discharge and pension, have been earning greater salaries than before. In my own case the regulations were strictly applied. Neither the question of my employment nor earning capacity was considered in estimating the extent of my disability. I understand that you have had my file before your committee and that the evidence thereon demonstrates that I am totally disabled in so far as employment in the general labour market is concerned. Colonel Cameron, Colonel McGillivray, Colonel Courtenay and Colonel Starr, members of the Board of Consultants, Department of Militia and Defence, sat upon the last board which examined me. They confirmed the findings of the other medical boards, namely, that I was one hundred per cent disabled. I feel, therefore, that I am legally entitled to my pension.

Upon becoming a member of the Board of Pension Commissioners in September, 1916, instead of retiring from the Canadian Expeditionary Force, I asked that I should be seconded without pay for duty with that board. The Board of Pension Commissioners, from its inception, adopted the policy of employing, wherever possible, returned discharged soldiers or the dependents of soldiers. By reason of this policy numbers of men who are employed by that board are now receiving, and will, I trust, continue to receive, pensions in addition to the salaries paid to them. In October, 1917, my case was placed before the board for consideration on the same basis as others, and in due course I was examined by a medical board which recommended that I should be struck off the strength of the C.E.F., and I was pensioned at the rate stated above. This award was made in the ordinary course of pension administration and took place without the suggestion or knowledge, direct or indirect, of any member of the Government.

In view of the references to my case in the press and elsewhere, I feel, notwithstanding the regularity of the award, that I may be placed in a false light. I therefore desire, subject to the approval of your committee, that any pension allowed me

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shall be credited as a payment on account of my salary as a Commissioner, to the end that in no event shall I receive from both sources more than the remuneration awarded to me as a member of the Board.

In addition, should the committee decide that my continuation in office might encourage continued criticism, or otherwise impair the usefulness of the Board, this letter may be treated as a formal resignation to be accepted when it is convenient for the Government to relieve me.

In conclusion permit me to say that the efficient organization of the Pensions Board has been my special care and towards that end I have given the best that is in me. With my brother Commissioners I have tried to extend to the returned soldier the most generous treatment consistent with the existing pension regulations. May I express a hope that my case may not be considered as a precedent to the prejudice of those pensioners who are now or may hereafter be in the public service.

Yours very truly,

(Signed) R. H. LABATT.

OTTAWA, May 8, 1918.

Hon. N. W. ROWELL,
Chairman, Parliamentary Committee on Pensions,
House of Commons,
Ottawa, Ont.

DEAR MR. ROWELL,—Colonel Labatt has to-day written you a letter in regard to his pension. This letter was written by Colonel Labatt on his own initiative and I would like to say on behalf of Major Todd and myself, that we consider from the medical boards held on Colonel Labatt that he is absolutely entitled to his pension, and we will see that this pension is paid to Colonel Labatt if, at any time, he leaves this board, without any further consideration, so long as his present disability continues.

Both Major Todd and myself feel very strongly on this matter, and we hope that you will not think Colonel Labatt has done this owing to pressure that has been brought, but that he has done it, as I have said before, on his own initiative. I feel sure that if Colonel Labatt had lost two legs or two arms or showed some outward, visible sign of a large disability that no question would have been raised by your committee or any member of the House, but as he has a disability which does not show on the surface but which medical opinion have pronounced as serious, the question is raised. We think this is very unfair because, from our personal contact with Colonel Labatt, we both know that he is far from being a well man and, in fact, it is impossible for Colonel Labatt to walk at an ordinary pace for one hundred yards without becoming exhausted.

Yours sincerely,

J. K. L. ROSS, Commander,
Chairman, Board of Pension Commissioners for Canada.

May 10, 1918.

Hon. N. W. ROWELL, K.C.,
Special Committee on Pensions,
House of Commons,
Ottawa, Ont.

SIR,—I have the honour, by direction, to acknowledge receipt of a copy of a letter dated May 7 addressed to you as chairman of the Special Committee on Soldiers'

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Pension Regulations and signed by Edward R. R. Mills, chairman of the Pension Committee, G.W.V.A., Ottawa branch. In this letter certain suggestions are made with reference to amendments or additions to the present pension regulations, and it is proposed to answer these in their order.

Suggestion 1.—Relationship of doctor and patient rather than officer and private, between the medical board and the men at the time of the sitting of the medical board for pension.

It has been the desire of the Board of Pension Commissioners that the relationship of doctor and patient should prevail in all cases and it is thought that in the majority of cases this relationship does prevail. The Board of Pension Commissioners has no jurisdiction over the personnel or composition of military medical boards examining the soldiers for discharge although the pension is based upon the findings of that medical board. The attention of the Director General of Medical Service, Department of Militia and Defence, has been drawn to the request contained in the above suggestion for each action as may be deemed fit by that department. Medical re-examinations for continuation of pension will in most cases in future be made by civilian medical practitioners. This board is now considering the establishment of a pensions medical service.

Suggestion 2.—Disability previous to enlistment or an aggravation of disability previous to enlistment shall not be considered in granting of a pension.

This matter has already been considered by the Board of Pension Commissioners and, with modifications, it approves of the suggestion made. One of the submissions for amendments to the pension regulations made by the Board of Pension Commissioners was as follows:—

That pensions be payable whenever a disability becomes apparent more than three months after the enlistment or enrolment of a member of the forces provided that no pension be awarded for that portion of a disability which existed at the time of enlistment or enrolment and was wilfully concealed or was apparent or became apparent before the expiration of three months from the date of enlistment or enrolment.

It would not be reasonable to pension a soldier who has enlisted in a forestry battalion for instance, and who at the time of enlistment had lost one of his members. It would also be unreasonable to pension a soldier when without undue stress a disability existing in him previous to his enlistment became apparent within three months after his enlistment.

Suggestion 3.—Every man before his pension is determined, and after his discharge, should be requested to put in writing, either by himself or with the assistance of any one whom he chooses, his statement of his wounds, injuries or disease, hospital treatment, present condition of health, etc., or he must sign a form that he does not wish to do so.

(The reason for the clause "after his discharge" is—men would be reluctant to put forth a clear statement of their cases before discharge for fear that anything they might say would delay their discharge.)

This suggestion meets with the approval of the Board of Pension Commissioners. It is proposed that Military Form B 227 be amended in such a manner that the soldier may treat it as his application for pension, or, if he desires he may make a separate application for pension on a form handed to him in which he will be at liberty to describe his present condition of health, etc. This application form could be forwarded together with his other medical documents to the Board of Pension Commissioners at the time of his discharge, or could be filled in by him subsequently and sent to the Board of Pension Commissioners.

Suggestion 4.—That every soldier, upon his discharge, shall sign his medical board at the same time testifying that the members of the board gave him an examination,

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were present at the time of same and that they explained to him their findings and his present physical condition. This suggestion also meets with the approval of the Board of Pension Commissioners and it will be suggested that Militia Form B'227 be amended in order to provide for the carrying out of this suggestion.

Suggestion 5.—The decision of the Board of Pensions in regard to every soldier's pension claim shall be signed by two members of the board of Pension Commissioners. This suggestion is only partially approved by the Board of Pension Commissioners. It is felt that the signature of one commissioner should be sufficient. It is anticipated that between thirty and forty thousand pensions will be awarded during the fiscal year April 1, 1918, to March 31, 1919; that is to say between one hundred and one hundred and thirty pensions will possibly be awarded daily. If two commissioners were required to sign the proceedings for pension the issuing of the pension cheque might be delayed and also a large part of the time of the commissioners would be taken up simply in signing their names.

Suggestion 6.—Every man shall be notified by registered letter as to the findings of the Board of Pension Commissioners within six days of the date of the decision of the board, and if the decision of the soldier's pension has been delayed longer than two months from the date of the soldier's discharge, an explanation shall be given to the man as to the cause of the delay in the registered letter containing the decision of the Pensions Board.

This suggestion is approved of by the Board of Pension Commissioners and will be put into operation.

In general the suggestions contain only matters of internal procedure and it is not necessary that legislation be passed authorizing their carrying out.

I have the honour to be, sir,

Your obedient servant,

(Sgd.) KENNETH ARCHIBALD,

For Secretary,

Board of Pension Commissioners for Canada.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM No. 207,

TUESDAY, May 14, 1918.

The committee met at 3.30 o'clock, p.m., the chairman, Hon. N. W. Rowell, presiding.

Members present.—Messieurs Cronyn, Green, Lapointe (St. James), McCurdy, Nickle, Pardee, Power, Redman, Ross, Rowell and Sutherland.—12.

In attendance.—Col. Belton.

The chairman read the report produced by Mr. Archibald of the Board of Pension Commissioners respecting the case of Pte. A. T. Pollock, of the P.P.C.L.I., C.E.F., which had been submitted to the committee at a previous meeting by Mr. F. S. Scott, M.P., for consideration. The committee ordered that a copy of said report be sent to Mr. Scott.

The chairman again reverted to Mr. H. H. Stevens' letter stating that he had been told by the secretary that he had given a copy of the letter in question to one of the members of the committee, Hon. Mr. Lemieux, on the latter gentleman's request for a copy, on May 7.

The committee then proceeded to hear the evidence given by Lt.-Col. W. T. Connell, M.D., of Kingston, and Captain D. J. McKay, M.D., of London, respecting medical examinations by the Local Boards in Military Districts three and one respectively.

The Committee then adjourned until Wednesday, May 15, at 3 o'clock, p.m.

V. CLOUTIER,

Clerk.

N. W. ROWELL,

Chairman.

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MINUTES OF EVIDENCE.

HOUSE OF COMMONS, OTTAWA,

COMMITTEE ROOM No. 207,

TUESDAY, May 14, 1918.

The Committee met at 3.30 p.m., Hon. N. W. Rowell, Chairman, presiding.

Dr. W. T. CONNELL *called*.

By Mr. Nickle:

Q. What is your present position?—A. I am officer in charge of the Queen's Military Hospital, Kingston.

Q. What is your medical and military experience before you undertook that work?

—A. I have been Professor of Pathology in Queen's University 22 years.

Q. And since the war?—A. I went overseas with No. 5 Stationary Hospital, and went with them to Egypt, and was there for four months until I was recalled to university work.

By Hon. Mr. McCurdy:

Q. Were you in France?—A. No, I was in England three months and in Egypt four months.

Q. You undertook the position of head of Queen's Military Hospital?—A. Yes.

Q. How many beds?—A. 380.

Q. Have you acted on any examining boards for the determination of pensions?—A. Quite frequently on the medical boards held on the men discharged for pensions.

Q. Give us some idea of your methods, practice and experiences?—A. My work has been entirely in connection with men under treatment who have been in hospitals, and whom we have had anywhere from a couple of weeks up to several months under our care. When we consider that further treatment will not further advantage the men, their cases are then brought forward on the usual form by the medical officer who is more particularly in charge of the case, and then the cases are presented to the medical board. This medical board check up carefully the statements made by the medical officer bringing forward the case, and if they approve they sign the board. Up to quite a recent time it was the custom to request the medical board to state the percentage of disablement in their opinion, basing that, of course, upon the disability as estimated in the common labour market and based on the Pension Board tables. Quite recently that percentage estimation of disability has not been done, at the request of the Board of Pension Commissioners. We have simply brought forward a description of the case and left the percentage of disablement to be estimated by the Board of Pension Commissioners, as requested in their circular, the date of which I cannot now remember.

Q. All members of a board examine a man?—A. Yes. That board of course is forwarded in the usual course to the district headquarters and in the course usually of some days we receive a notice that the discharge papers have gone through and the man is then formally discharged.

Q. Are you furnished with a table of disability?—A. The percentage of disability that the medical board use is that furnished by the Board of Pension Commissioners up to this time, and where there has been any spread, say a man's disability is put down between 20 and 40 per cent, the medical board, if they put down the 40 per cent

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estimate, consider that the man is entitled to that percentage of disability. If a lower percentage is put down, then they consider that he is at the minimum class. Those are the instructions the Board have endeavoured to follow.

Q. At the time you were stating the percentage of disability on the board, what was your experience as to agreement or disagreement with your determination and that of the medical men of the Pension Board?—A. Well, the point I would like to make in connection with that is this, that we only accidentally learned what pension the Board of Pension Commissioners granted a man usually only in a case where complaints were entered. You see the man passed out from under our charge usually inside of two weeks from the time he was boarded. The Board of Pension Commissioners took a much longer period to dispose of the man's case, and the man having passed out from under our charge we do not hear of him except a man comes back into hospital, or happens to come around and speaks of the fact that he is drawing so much pension; in other words the hospital authorities were not apprised of the decision of the Board of Pension Commissioners so that we did not have their decision to guide us in any way in future estimations, nor did we have the reasons why on the many cases they lowered the disability which we considered should be given.

Q. In these cases of which you have notice, what was the result. Was there a general agreement or disagreement, or lowering or raising?—A. Well, in certain lines the agreement was very close. For example in the question of the loss of a hand, or a stiff joint, or something of that sort the agreement would be practically exact.

Q. That is what you would call more or less of a specific injury?—A. Injury of a specific character, but when it came to a question of certain heart conditions, or chest conditions, or internal conditions generally, there would often be very wide disagreement.

Q. Which way? Did the Pension Commissioners allow a higher or a lower percentage?—A. You see, only those cases where there were particular complaints made were brought to our attention, and naturally the complaints were mainly on the line that the pension was inadequate, so that I cannot say as to what the general run was, but the cases that came to our attention usually consisted of cases that were rated lower than our estimate.

Q. Would you care to express any opinion as to whether or not the man making the examination, or a simple board not seeing the man would be more likely to accurately and adequately determine the disability?—A. Given an efficient Board to examine the man there is no question at all in my mind, they are much better able to estimate the disability than the individual or individuals who see only the written report on the case because they have the report brought before them and they have the individual there to examine him and to confirm that report, and are consequently in a much better position to estimate the actual disability than the man or group of men who see the report only.

By Mr. Cronyn:

Q. You say you had the report before you; do you get every man's medical sheet before you?—A. We have the man's complete medical file, that is we have the English board, with the other boards there, if he had more than the one board and also any board that has been held in Canada since his return.

By Mr. Nickle:

Q. Assuming that the final determination was to be by the central board here would it facilitate or improve the practice if you were advised in cases that have been examined by you of any variation between your recommendation and the determination of the central board, giving you the reasons for such variation?—A. Where the variation is at all wide, it would, but where it is five or at most ten per cent, I cannot see any reason. But where the variation is, as in one or two cases it has been, 40 per cent, I think the medical board should certainly be asked to account for the difference in the estimate, and if a smaller percentage is given, the reasons should be stated to them why their estimate is considered improper.

[Dr. W. T. Connell.]

By the Chairman:

Q. Have you any particular case in mind when speaking of 40 per cent variation?—A. I have one case in mind, I cannot give you the person's name, it was a cardiac case, where the estimate was put by the board at, I think 50 or 55 per cent, where the man later drew a pension of only \$10 per month.

Q. Was that due to the view which the central board held that the proportion of disability was due to the conditions prior to enlistment?—A. I think not in that case, because the medical history sheet showed that this man had acquired cardiac condition in the service; he had an attack of acute rheumatism during service and the cardiac disability dated from that.

By Mr. Nesbitt:

Q. What is your view as to the aggravation by service in the case of heart trouble or such troubles as that?—A. In what respect?

Q. Is the condition very seriously aggravated by service or not?—A. It would depend upon the nature of the case, for example, if a man had an attack of rheumatism and has been left with a small disability he might be quite able to pass the examining officers, but if he had another attack of the same disease in service it might completely incapacitate him. That is really an aggregation of a pre-existent condition, the basis of it is there, rather, but the aggravation turns that man from an efficient man into an inefficient man.

Q. Well, then, in granting his pension if he was reasonably fit when he was examined before enlistment do you think he should be docked very seriously for the fact that he was predisposed?—A. I do not. I think if he was able to pass the examining board and was taken into the Army as fit, and later on he breaks down in the service that disability practically should fall upon the service.

Q. You have worked in Egypt and in France, have you not?—A. I was not in France.

Q. But you were in Egypt, and the Egyptian campaign was very hard on the men?—A. For malaria and dysentery it was very hard.

Q. If a man had a weakness at all, these would practically catch him?—A. They should bring it out, they would aggravate it.

Q. And very seriously?—A. Very seriously.

By Mr. Nickle:

Q. Under the new system, I understand from Mr. Archibald, you do not put down the percentage of the disability, you just describe the condition?—A. We just describe the condition.

Q. As a matter of medical art, can you adequately describe a man's condition so that the superintending board can fully appreciate the man's condition and disease from that description?—A. It is a very difficult thing to do so in some cases.

Q. Why is that?—A. Take the case of either heart or lung trouble, the board describes the physical signs as they find them in the chest; now there is a considerable difference between the description of a certain sound, and the actual impression or the meaning which that sound gives you on physical examination of the chest. Unless you have excellent powers of description it is very difficult to give adequately just that impression on paper.

Q. You want literary as well as scientific ability in order to do so?—A. Quite so.

By Mr. Nesbitt:

Q. The forms that are sent to you in which to describe the conditions are sufficient to enable you to give an accurate description?—A. A fairly adequate description, yes. The forms will bring that out, especially the new form in which there is a place for all the various systems to be set out.

Q. Do you think that the man himself should be allowed some form on which to give his idea of his own incapacity?—A. On all these forms the description of the man's present condition is read over to him and he is asked whether or not that expresses

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his view of the matter; if he has anything to add there is a space on the form where he can put it and he signs his name to it.

Q. And the space on the form is adequate to give him an opportunity to express his views thoroughly?—A. Quite so, if he wishes to add anything at all his opportunity is there. The matter is always referred to him at the board, and he has to sign these forms before they are sent in.

By Mr. Cronyn:

Q. Then I gather that you would prefer the original examining board should write the pensionable disability in addition to describing it?—A. I think that they should base it upon the table of disabilities laid down by the Board of Pension Commissioners.

By Mr. Nickle:

Q. What degree of disability in heart or lung or rheumatic cases would you say constituted total disability; how do you determine it?—A. We determine it on what we call the amount of cardiac reserve capacity.

Q. Would you make it simpler for me by expressing it in plain language?—A. I would just explain it in this way: the ordinary individual can, if the occasion arise for doing a little more work, carry it on and does not feel any special stress or strain upon the heart. In a cardiac case, that reserve is very much lessened, so that the same strain on the man with that heart condition may produce rather serious effects. In other words we have to get some way of gauging the reserve capacity and we do that on ordinary examinations by taking his pulse-rate and blood-pressure, and then we ask him to mark time on the double for half a minute and then we again examine the pulse-rate and if it produces any marked rapidity or irregular action or affects the pressure, or causes shortness of breath we can form a good idea of the amount of cardiac reserve capacity.

Q. And when would you say that a man was totally disabled?—A. If, for example, when he got up he walked a short distance and his pulse went up 20 or 30 points and he showed signs of distress.

Q. In the language of the street, when it was manifest he was in such condition that he could not do hard work?—A. Yes.

Q. How far do you inquire into the past condition, or the pre-enlistment physical condition of the man?—A. Usually it is rather carefully inquired into in his case history; there is on his case history from any hospital that he has been in a space for the past history of the man.

Q. Is that information obtained from him or from the record?—A. From the man himself where it is possible to obtain it; he is asked what illness he has had and if there is anything in the history of his past illness that may have a bearing on the case; any information that the medical officer thinks is of value is entered.

Q. If there is nothing in the past history which has a bearing on the case, do you certify to that?—A. We say: "past history negative." In other words there is nothing there that has any bearing upon the present condition of the individual.

Q. Do you get the enlistment sheet of the man; that sheet shows what his condition was at the time of the enlistment?—A. We have simply the medical history form, that simply gives the man's age, name and things of that sort, and on the back of the sheet it gives entries in hospitals, etc.

Q. Is there not some record showing what his physical condition was at the time of enlistment?—A. We do not get that.

Q. You do not see the attestation paper?—A. No, there is simply an entry that the man is fit or unfit, or the medical officer says that he is fit, except for something special such as varicose veins. We do not get the attestation paper.

Q. The only way you have of determining his physical condition at the time of enlistment is from the record as it appears in the hospitals records, if you have them,

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and such information as you may obtain from the man?—A. Quite so. I may add that often we do find conditions on examining the patients that were apparently present and ante-dating enlistment, and in that case we make a note to that effect stating that while the condition at present is such and such it undoubtedly ante-dated the enlistment.

Q. Now, as to the difference between what I might call progressive and spontaneous cases, to use two adjectives to describe them, how do you determine the degree of progressiveness there has been subject to enlistment? Take for instance enlargement of the heart, valvular distension of the heart. How do you determine how much of that has occurred during enlistment and how far it had developed prior to enlistment?—A. If the man has passed into the Army as fit and after training has gone overseas and probably got as far as France, and there has been no indication in his history of any cardiac effect, and if then under the stress and strain of campaigning he breaks down we consider that practically the entire condition is due to his service.

Q. Suppose a man had been in the Army for from three to six months and you found he had got as far as England and had been under very hard work and he suffered severely from angina pectoris, would you assume that the basis of it was present before enlistment?—A. The basis of it would certainly lie before enlistment.

Q. That is the point I want to get out. In these diseases that develop gradually, is it guesswork, or is there any scientific scale by which you can determine the degree that is due to service?—A. It is a difficult matter. My view personally is that if a man accustomed to ordinary life and enabled to meet the conditions of ordinary life without developing indications of disease goes into the Army and has to undergo heavy marches and things of that sort which cause him to break down, he may have sufficient heart reserve to carry on under the ordinary circumstances of life, but under the extraordinary conditions to which he is subjected, his reserve capacity is passed and a breakdown results.

Q. Unusual conditions have produced what would be under ordinary conditions abnormal results?—A. Yes.

Q. Coming to another class of cases, what is your opinion with regard to taking into account in the awarding of pensions the disability that may result from syphilis where the man may have had it years before enlistment in the Army and was reasonably cured so that he showed no signs of the disease at the time of enlistment?—A. If the disability occurred in the service, after he had been taken in as a fit man it should be considered as a disability of service, that it developed during service.

Q. Some doctors have told us that paresis, and locomotor ataxia practically inevitably resulted from syphilis, and that the state should not be called upon to pay although the undue exposure to which the man was subjected hastened the results. What is your opinion with regard to that?—A. Both locomotor ataxia and paresis are undoubtedly syphilitic and occur years after infection is incurred, perhaps 15 or 20 years afterwards. Under the stress and strain of campaigning these may develop.

Q. The stress and strain of campaigning would accelerate the disease?—A. It would; provided the infection is there it increases it.

Q. The principle you think should govern is that where the man has within him the beginnings of disease that under normal conditions might not lead to his undoing, if he is accepted as fit for the Army, and if subsequently under the extraordinary exposure, exertion and exercise he breaks down he should have been considered as having been fit at the time he entered the Army and given a pension proportionate to the disability he suffers at the time of discharge?—A. I think so.

By Mr. Redman:

Q. You would consider that the doctor who had gone overseas and had seen the conditions there would be better qualified to judge of the man's disability than one who was not overseas?—A. That depends entirely upon the efficiency of the man. Given two

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men of equal ability. I think the man who has been overseas would be the better man to judge of the disability of the individual.

Q. Would that be because he has seen the conditions under which the disability arises and the circumstances?—A. Quite so.

By Mr. Nickle:

Q. Then in your opinion all these boards should be composed of our very best medical men that can be got?—A. I quite agree with that suggestion.

Q. Dr. McGillivray or Dr. Cameron expressed the opinion that part of the difficulty was due to the impaired medical service due to the war, and that that caused a great deal of the irritation and trouble that exists.—A. You can scarcely expect men who are only in receipt of \$3.75 a day, Captain's pay, many men on these boards only draw that amount, to be the best men in the communities, as the better men are making a great deal more than that and will not go on these boards.

By Hon. Mr. McCurdy:

Q. Is that view entirely logical? You have men who are earning thousands of dollars drafted into the infantry at \$1.10 a day?—A. I think it is. The medical man spends at least five years in preparing for his professional work. He is taken into the army and gets the same rate of pay as any other officer.

Q. The young lawyer is drafted at the same time?—A. His professional knowledge is not required in the army and the professional knowledge of the medical man is required. The professional knowledge of the business man is not required in the army in many lines.

Q. That is the misfortune of the professional man who is debarred from earning the larger pay in the same way as the medical man.—A. I quite agree, but you are using the professional knowledge of the medical man and are not using the professional knowledge of the other man.

Q. One of the reasons given by a medical man on the Board of Consultants for having the pension determined by the central board here is the great difference between different medical boards in different provinces or different sections of any one province, in their estimate of the percentage of disability in any given case. What do you say as to that? It was pointed out that one board—I think it was the board in Vancouver—gave a man 25 per cent disability and the board in Montreal gave a man who was described in almost identical language 75 per cent disability. The central board found that one was too high and the other too low and they fixed 40 or 50 per cent disability, raising one and lowering the other. They say that is the only way you can secure uniformity in granting pensions in different parts of the country. I would like to have your view on that?—A. I think there should be a central board to make the final decision but where there are cases that show that wide variation, the medical board ought to show particular cause why they should in one case give an estimate for 25 per cent and in the other case an estimate of 75 per cent.

Q. In a case like that do you suggest the central board should call upon both medical boards for explanation of their estimate?—A. Yes, a further estimate.

By Mr. Nickle:

Q. Have you had any experience in shell-shock cases, neurasthenics and so on?—A. We have had the usual experience of handling these men, but of recent months we have been transferring all cases of serious shell-shock to the special hospital at Cobourg; in other words they have passed through our hands to the special nervous hospital.

Q. In these cases that have passed through your hands, are the men really suffering from nervous exhaustion, or is it purely functional?—A. A few are functional. The majority belong to the group of nervous exhaustion—neurasthenic cases.

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Q. What distinction do you make between those two classes of cases? What is the distinction that lies between them?—A. In the functional case the person undoubtedly believes that he is in a certain condition, and he is, in so far as the individual himself can determine, but on examination of that individual you can detect whether or not there is any organic disability. That man is a curable case.

Q. That is a functional case?—A. Yes. With regard to the nerve exhaustion cases, I would simply put it that the nerve elements are completely fatigued. Until restoration of those nerve elements occur the patient cannot get better. There is no serious organic condition. Those cells and fibres can come back but it is a matter of gradually building up until the man has recovered. The neurasthenic cases can recover, but it is a much longer process.

Q. Is there a clear line of demarkation between the functional case and the neurasthenic?—A. No, they fade into each other. They gradually pass from one into the other. There are cases you can classify as purely functional, but there is a group in between and they fade one into the other and it is rather difficult at times to draw the line.

Q. Can you with certainty say whether it is functional or neurasthenic?—A. We can. Then the third group is those that have organic changes. We can separate the neurasthenic cases from the organic cases fairly sharply. The functional and the neurasthenic classes are recoverable. The functional case recovers rather rapidly, and the neurasthenic rather slowly, but in time is restored to a fairly good level.

Q. Should not the Government take care of these functional and easily cured neurasthenic cases, until they are cured?—A. They undoubtedly must.

Q. Rather than turn them out with a small pension?—A. Those cases are, for the time at least, just as seriously sick in their own opinion as a man with an organic lesion. They believe that they cannot do certain things, and they cannot do them.

Q. It is not a fake? It is honest as far as they are concerned?—A. It is absolutely honest.

Q. And the men cannot control his disability?—A. He cannot. You have to establish in his mind the view that he is recoverable and he will recover in time, and gets his wrong ideas corrected. He is then in a recoverable condition.

Q. The state should either take care of him until he is cured, or provide him with the means of taking care of himself.—A. They should take care of him until he is cured, or give him an adequate pension.

Q. What is the way to cure him? To treat him or to throw him out on his own resources?—A. The proper way is to treat him until he is cured.

Q. Is it a matter of many months treatment?—A. In the functional case it may be a comparatively short period and in the neurasthenic case it may be a matter of months.

Q. You send those cases to Cobourg?—A. Yes.

Q. That is the central institution?—A. Yes.

By Mr. Cronyn:

Q. It has been suggested that the examiners are sometimes swayed by sympathy for the patient in reaching a decision as to his pensionable disability?—A. I do not think that that rule has any favour in the estimates of the board. Of course we are not entirely cold-blooded but we endeavour to see the case from the point of view, both of the man and the point of view of the country.

Q. There has been some consideration of the question of fixing a limited time after enlistment in which pre-enlistment troubles might appear, and a term of three months has been suggested. Would you care to express any opinion on that?—A. No, I do not care to express any opinion on that. I have not had sufficient experience as a medical officer on battalion work to be able to express any definite opinion. My work has been entirely in connection with hospitals. A medical officer with a battalion who has had experience would be much better qualified to answer on that line than myself.

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By Mr. Nickle:

Q. Are you getting any class of cases in the hospital so broken in mind or body that they really are not going to be able to take care of themselves after discharge, no matter what pensions you give them? In other words do you think this country will have to establish homes to look after some of these returned men, or have you had enough experience to express an opinion?—A. There is a certain small number of men without homes, who are so broken that they will have to have some place where they will be looked after. At the present time I have under my care three men who are in that position who are unable to look after themselves entirely, who need someone to see that they are properly fed and clothed and kept in proper condition. They are quite able to put on their clothes and feed themselves, but are not competent to look after themselves entirely. I have those three cases and I have had two others that have been sent out and looked after by other people.

Q. It is a homeless man you refer to?—A. Yes, one who is so broken that he has to be looked after in some home.

Q. Some home for incurables?—A. He is not an incurable in the ordinary sense of the term. An incurable case medically is the person who requires medical and nursing care. These men do not require any medical care. They require supervision.

By Mr. Redman:

Q. The trouble is mental?—A. No, one man, for instance, has hemiplegia; he has lost all the movements of one side. He is able to get around with the use of a stick, able to dress himself slowly, but at the same time he cannot read or anything of that kind; it has cut him off in that way. He was an excellent mechanic before that. It is his right side that is gone and he has lost the use of it.

By Mr. Nesbitt.

Q. He would not be one of those who simply imagine they are sick?—A. No, he has a definite organic lesion of his brain. It was brain injury in this case—a gunshot wound of the brain.

Q. Take the cases of syphilis; supposing these men afflicted with that disease are farmers or mechanics or anything of that kind, if they had continued in their ordinary occupation, would they likely in time have developed the other diseases you speak about?—A. A certain number do. That is where we get these cases in ordinary civilian practice, of those who are exposed to syphilis, and who have had what is really an inadequate treatment. A certain percentage later develop these disabilities in ordinary civilian life. The disability seems to occur a little more frequently in men who are exposed to hardship. For instance, lumbermen and river drivers who have had this disease, and who are exposed to the cold and dampness of river driving are apt to have these ailments. Syphilis seemed to be rather prevalent among them years ago. I think we can say the same thing in regard to soldiers who are exposed, who have had this disease and who have not been adequately treated. Although the symptoms of their syphilis have all disappeared, yet when they are exposed to the dampness and cold of trench work it is liable to bring on the condition.

By Mr. Redman:

Q. Do you think we should pension those who develop disability from this disease while in the army?—A. Well, if they have been adequately treated in the army they should not have special disability from syphilis. They might have it from the effects of gonorrhoea—gonorrhoeal arthritis, and things of that sort.

Q. From your experience do you think a portion of those who contract the disease in the army have done so through their own fault?—A. They exposed themselves to it undoubtedly. I was for three months in connection with the venereal hospital at Shorncliffe, and at that time over 1,000 men passed through our hands, of whom some

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240 had syphilis. Not a single man of them who had not developed the disease as a result of direct exposure. We had no examples in the thousand cases where the disease was contracted in any other way than by being exposed.

By Mr. Nesbitt:

Q. Apparently in the army they treat that disease successfully?—A. The treatment they are obtaining and the review of these cases and the examination made of them before discharge, shuts out the possibility of a syphilitic patient being discharged to civil life. I understand it is the custom to examine in England all men who have had syphilis, by the blood test, before allowing them to return to Canada, so that practically all such men are examined. Our practice in connection with the hospital is that if on a man's medical history sheet he has had venereal disease, either syphilis or gonorrhoea, we submit him to a blood examination for syphilis before he is discharged. We have to have a negative blood test. If he has a positive blood test he is given further treatment before discharge.

By Mr. Power:

Q. You never discharge a man suffering from syphilis?—A. No. We have discharged one or two, but we put it on the form. One case I call to mind absolutely refused treatment. When a man refuses treatment we put it on the sheet that this man has had such and such a disease, for which he refused treatment.

By Mr. Nesbitt:

Q. The Board of Pension Commissioners recommend that when men refuse treatment their pensions should be stopped until they consent to take treatment?

By the Chairman:

Q. "Unreasonably refuse" is the way they put it. What do you say as to that?—A. I think the Board of Pension Commissioners are justified where the refusal is unreasonable. If the man has a condition which is remediable without undue exposure. In that case I think the withholding of the pension is justifiable.

By Mr. Nickle:

Q. Do you think that the man should be compelled to have an operation?—A. If he has a condition that should be remediable by operation without undue risk, and he refuses to take that operation, I think that pension should be withheld.

Q. What do you mean by "undue risk"? One chance in a thousand?—A. If the man has a condition which is remediable with the use of any general anaesthetic there is a minimum of risk in the case of a man going under chloroform or ether and there is no greater risk under those circumstances than in an ordinary case of illness.

Q. Put it in this way that if the man's condition is such as to justify the step, if he can take the anaesthetic and stand it, he should take it?—A. Without putting a man's life in direct danger.

By Mr. Nesbitt:

Q. What about tubercular patients that are sent to tubercular hospitals, where they are surrounded by tubercular people who are very likely in a very advanced stage of the disease, would you say that a man suffering but slightly from tubercular trouble should be sent there?—A. In a properly run sanatorium he runs no danger at all. He is safer there, very often, than he would be in his own home.

Q. Do you think these medical boards could be strengthened by the Government's taking advantage of the services of older civilian practitioners in the various districts till normal medical conditions could be restored?—A. I think it could. I think that is one thing that is needed, and many boards, men who have had experience for a number of years in practice and who know from that experience the outcome of the average case of chest trouble, heart trouble, kidney trouble and things of that sort.

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There are quite a number of these boards that have many younger men on them who have not had that experience and they have to determine the expectancy or chance in those cases very largely from text-books or the table of disability.

Q. Would it not be better if the man with large experience was an officer that had returned from the front who had had experience at the front?—A. The experience that is needed is along two lines, one is the experience in the class of cases in which the Board is dealing, and the second is the experience of the ultimate outcome in many cases of chest trouble, heart trouble and kidney trouble; in the latter case the man who has experience of some years in clinical practice is the best man. In the case of wounds and injuries it is better to have men who have experience in dealing with that class of cases, and who has seen these in service.

By Mr. Power:

Q. Would it not be advisable to allow the man to go before his own private medical practitioner? Would that doctor not be better qualified to speak as to the man's disability?—A. No, I do not think that would be better—I am simply speaking for myself.

Q. Why not?—A. You see the man's medical adviser ordinarily is the medical adviser in the hospital, and the man has read over to him that statement which shows that the medical man finds so-and-so, describing his condition, and the man is asked if he has anything to add to that, and if he has, he has the opportunity of having it added.

Q. The objection to that in practice, I think, is that the man himself cannot exactly express his own condition; a great number of men cannot put their condition in such form that it will be readable?—A. This is put down by the medical officer in charge of the examination, and it is read to the man, and if he wishes to complain of so-and-so in addition to that it is put down too.

Q. Supposing that man was allowed to go out to the city or town, wherever he lived, and choose some medical man who would represent him at the board, just as, if you were pleading a case, you would choose a lawyer; he would choose some man who would represent him at the board, and who had made a special examination of him previously and be able to lay the matter before the board in medical terms?—A. I do not see what advantage that would be; it would complicate matters very materially to bring in a man from outside.

Q. Where would the complication come in? There would be more or less of a row, of course—A. No, I do not suggest that at all, but you would have to have a board sitting when the other doctor could come in and sit, you would have to make arrangements and all that sort of thing.

Q. That would be comparatively easy because the medical board could say to the pensioner that he should turn up at such a date, and he would turn up at the time fixed with his doctor.—A. It is a different thing if the man is discharged from the army. That matter might in an individual case be brought up in this form if he is not satisfied with the finding and might be considered then, but as long as he is in the army, I cannot see why he should bring in a man from outside, when the man's condition is read over to him, and he is asked if he is or if he is not satisfied and if he is not satisfied, he has the right to add himself the particulars as to which he is not satisfied.

By Mr. Nesbitt:

Q. That brings up another point that has been suggested that when men are required to state their condition to their officers, it would be better if their officers were in mufti than in uniform so that the private would not be so much frightened of these officers. Do you think there is anything in that?—A. I do not think so. We have never had a case of that character where the man was afraid to state his case to the medical officer. In my experience, the medical officer has been quite as sympathetic to the men under his care as is the doctor in civilian practice. The medical officer who

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has a patient under his care looks upon his duty to that patient in exactly the same light as the civilian practitioner regards his patient and makes it his business to look after and treat each case as he finds it.

By Mr. Nickle:

Q. My attention has been directed to some cases where men said they were asked as to their condition and feelings, and when they made their statement they were contradicted by the officers who were their superior officers and according to military etiquette, the man could not contradict what his officer said, and they were impressed by the fact that the doctor examining them was their superior officer. That should not be. Do you know whether that is the case or not?—A. I have not had any experience of that kind.

Q. It should be the relation of a diagnosing physician to the patient?—A. Quite so.

By Mr. Power:

Q. It might very easily occur that the man might describe his pains and other things and the medical board writes it down in medical terms which he would not understand.—A. The instructions to our boards are definite, that they must first state that from which the man complains he is suffering, that he has pains here and there and so on, or inability to move a leg in a certain direction. That is all taken down; then below that they put down in another space the man's complaints and what they find on examination to back up these complaints and the conclusion at which they arrive.

By Mr. Nickle:

Q. It has been suggested to us that there should be a place on the form in which the statement should be always entered what the soldier said setting out what his complaint is.—A. There is no reason why it should not.

Q. You see no objection to that?—A. No objection whatever. Our instructions to our board are that they must always place first on that the man's complaint of so-and-so.

By Mr. Redman:

Q. And then he can concur in the finding?—A. Yes.

By the Chairman:

Q. In the case of heart disease, among the others, there is no fixed percentage estimated according to the actual incapacity; of necessity they run up to 100, but there is no standard by which any particular degree of disability is to be estimated. How do you determine what the percentage of disability is—whether 50 or 75 or 100 per cent? How do you deal with heart cases?—A. When the heart cases are dealt with we simply try to see what work the man can do without interfering with the pulse rate, or the regularity of the heart, and what amount of work he can do short of distress. Now, we gauge that first by simply walking him a certain distance at the natural pace of the man; we walk him, for example, a half a mile and the man's pulse rate runs up ten or fifteen and the heart develops a little irregularity we estimate from that the percentage of disability to do work.

Q. What would the condition have to be to justify you in saying that it was 100 per cent disability?—A. For example, if that man walked upstairs and came down, not rapidly, and the pulse rate went up to 15 or 20 points, and his lips changed colour, that would show that the man is unable to do any work whatever, and one would estimate that he is completely disabled for a period of, say, six months.

Q. We have had three heart cases before us in which the same question has been raised. Would you look over the files for us and tell us what you think of these cases, and while you are looking over those files we can go on with Dr. McKay.

Witness retired.

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Dr. D. J. McKAY called.

By Mr. Nesbitt:

Q. What are you doing now?—A. I am in charge of the medical boards in Military District No. 1.

Q. What were you doing before that?—A. For four months I was medical officer of the 2nd Pioneers, and for six months I was on the Standing Medical Board at Bramshott, England; for three weeks I was medical officer of M.D. 1; for six months I was on medical board staff at office of D.G.M.S. at Ottawa; for three months I was member of medical branch of Board of Pensions and for the past eight months, I have been in charge of the medical boards in M.D. No. 1.

Q. Then you have been on the medical examining board at London?—A. Not on the examining board, I approve the boards; as A.D.M.S. representative I am responsible for the condition in which the board's proceedings leave the district.

Q. The boards examine the men before discharge?—A. Yes.

Q. And you approve the boards?—A. I approve the boards that go to the Board of Pension Commissioners.

Q. Then you are really responsible to a great extent for the appointment of these boards?—A. Yes, to the extent that I can suggest the personnel to the A.D.M.S. of the District.

Q. What would you say as to the qualifications of these boards to examine these men that are discharged?—A. I think if you get a man that was professionally of the highest, of analytic mind, a writer, it would be better, but those ideals are impossible. Under the regulations as at present I would rather have a man just out of college, who gives a scientific and detailed description rather than an elderly man because it is composed almost entirely of a description at present. Previous to this regulation going into effect when we were estimating the degree of disability I found that the man who has had more or less experience in practice, and who has been over the ground right up to the front and knows what the conditions are, when the man being under examination said that this thing happened, and such and such a thing happened, the examiner, having that experience, appreciated that, and with equal professional ability made a better doctor on that board than any other class of man. We get the most unsatisfactory results from boards composed of men who have not yet been overseas; they seem to think that the men who have been at the front regard them as not having gone overseas, and have not the same confidence in them and consequently they the members of such board, think that they have to give the man a little more when estimating the incapacity than he is really entitled to, on his condition.

Q. There was antagonism between the man who was being examined and the doctor?—A. I would not say antagonism, but an underlying feeling if the man did not get what he thought was coming to him, but there was that comeback, that the doctor had not been overseas, and did not know what the conditions were.

Q. Then, on the boards that you appoint, you depend upon men who are capable and have experience, or what you think are capable of examining these men, more especially men who have been overseas; have you many men who have been overseas on your board?—A. We have at present all men who have been overseas, except on one board, and that is one that discharges men (casualties) not having been overseas and men who have been on duty. Practically we have all returned men at present on boards dealing with returned men.

Q. Then is it your idea that the central medical board are better able to fix the amount of disability than the examining board, or is the examining board better qualified to do so?—A. The examining board are in a better position to do so.

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Q. And these examining boards know the percentage that is fixed by the Pension Board?—A. Yes, they have their regulations issued by B.P.C. for guidance of medical officers.

Q. What do you think of the forms that are supplied for asking these questions so as to give the central board an exact idea of the man's condition?—A. I think if they combined the last three changes in the forms, they would probably have a fair form, but there has not been one yet, to my mind that is satisfactory; they all have obvious errors in them.

Q. How many boards have you?—A. There is one at the central convalescent home, one at Guelph, and one at district depot, three in London, and one at Guelph, that are dealing with men for discharge.

By Hon. Mr. McCurdy:

Q. Does the personnel of these boards change?—A. Yes.

Q. Frequently?—A. Quite frequently.

Q. Would you advise a standing medical board?—A. Yes, we cannot keep them now.

Q. Why?—A. \$3.75 a day, I can go out and make that after supper.

Q. What would you think of Surgeon General Keough's opinion with reference to the qualifications for a member of the board? Would a man be suitable as a medical practitioner, if he had not been on active service?—A. That is going to work two ways—a man on a medical board deteriorates professionally every day that he is on it. He has nothing to do with the treatment or care of cases.

Q. Would you say that the medical service is not attractive to the medical man?—A. Not at all, quite the reverse.

Q. Has the member of the medical service the opportunity of choosing his own occupation?—A. Not so; he would do better if the man is satisfied that he is getting a fair deal, than if the man is in on a job that he does not like and knows that he is going bad every day.

Q. In order to meet that difficulty, would you suggest the formation of standing medical boards?—A. There is this difficulty, it depends entirely upon the army, and the rank; you may have a member, just a man who is a junior lieutenant, and above him he has a captain and a major, and the major is the president or the head of the board. I find in our district that it is largely a question of money. They cannot live on the money that they receive. We have men who go home for the week-end and make as much money in private practice, from Saturday until Monday morning as they do all the rest of the week.

Q. Would you approve having a civilian on the board, a man of experience as has been suggested?—A. I do not think it would be satisfactory on account of his not knowing what the man has been through, and military documents would not be of much value to him. It takes an ordinary man who has been in the army and not on medical boards three months before he is much good at all.

By Mr. Redman:

Q. You said you thought the board which examined the soldier was more qualified to fix the rate than the central board?—A. Yes.

Q. Do you think there would be danger of inconsistency among the different boards if that system were adopted? I suppose one might act on certain principles and another might adopt other principles?—A. Not if they followed out the B.P.C. instructions which are quite specific.

Q. Do you consider those instructions sufficiently specific to obviate that danger?—A. Not entirely.

Q. Do you think they could be made sufficiently specific?—A. We have had this experience up there; a man will frequently drop in and complain his pension is not

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high enough, and we have submitted the file with the man to three different boards quite independently; one board did not know the man was before the other board, and those boards varied 5 per cent in different cases.

Q. Have you been able to get in your district sufficient satisfactory medical officers to constitute your board?—A. No, we have not had a full supply of qualified men, qualified as to medical board ability.

By Hon. Mr. McCurdy:

Q. I understood you to say that this service on medical boards was unattractive?—A. Very much so.

Q. Does it follow that you cannot get your best men to act on medical boards?—A. We can get them to act, but this last week we have had three returned men upon boards, one for a year and a half, and another four months, and another about eight months; one of them was made sanitary officer of the district, and another went to another district on three months' surgical course, and another one is acting as medical adviser to the Pension Board. Our three best men practically were taken away.

Q. Is it too much to say that the tendency is for the better men to withdraw from the medical board, and to leave you with poor medical officers on the board?—A. Yes, except for the elderly men. They remain.

By Mr. Sutherland:

Q. Is there a feeling of dissatisfaction among the men on the boards that they are not getting sufficient remuneration for their services?—A. Yes, quite so.

Q. Is it possible they would not take the same interest in the work as if they were better paid? They would be better satisfied perhaps if they were better paid?—A. A man who is satisfied will work better than a man who is dissatisfied.

Q. Is there a possibility of a soldier coming before a board not receiving the consideration to which he would be entitled on account of the members having that feeling of dissatisfaction?—A. No, I do not think so. I think while the men are on the boards they discharge their duties; they are conscientious; they do their best.

By Hon. Mr. McCurdy:

Q. But glad to get off the board?—A. Yes, and jump at something else. These men all expect to get back to practice as soon as the war is over, and they do not want to remain on the board.

Q. The result is the boards are constantly changing?—A. When I say constantly changing, we keep the present man on until we have a better man to replace him, if possible, and we invariably try to have two strong men on the board and one man for educational purposes.

By Mr. Redman:

Q. Would you not require experts to handle some of the cases that come before you?—A. Quite so. All our men in our convalescent homes are assigned to certain medical officers. If a soldier is troubled with his eye, ear or nose, he is sent to a specialist for that ailment or if a man has lung trouble he is sent to the lung specialist, and so on.

Q. You said you thought the man who had seen active service overseas would be of more service on the board than the man who had not been overseas?—A. Yes, everything else being considered. We have had men who have been all through the course and up to the front and they have been absolute failures on medical boards.

Q. Do you think any board should ever be constituted without having on it a doctor who had been overseas?—A. I think it desirable that men be dealt with by overseas doctors.

Q. Would they not be better qualified to understand the nature of the man's disability?—A. Quite so. He knows what the man has been through, and he is

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acquainted with the various conditions. He will see a report from a certain hospital—Ramsgate, for instance. Ramsgate hospital conveys a certain definite picture to him. If a man has been there six or eight months the overseas medical officer knows he has had such and such treatment, and the man who has never been overseas lacks that knowledge.

Q. I know from what I have seen that many boards have dealt, as I thought, unjustly with men, especially when they first come in. Have you ever seen anything of that kind?—A. Yes, I have.

Q. How do you think that could be obviated?—A. Change the board.

Q. In what way?—A. Change the men on the board.

Q. You find that a certain class of doctor would be more inclined to give due consideration to the men than another class of doctor?—A. If it is reported to the A.D.M.S. office that the attitude of a medical officer is otherwise than that of giving the soldier due consideration, the man is replaced. Of course I do not mean by that sympathy.

By Hon. Mr. McCurdy:

Q. Have you part-time medical men in your district?—A. We have our surgical and medical consultants.

Q. Have you any part-time men who are attending to their regular medical duties?—A. We have one, you might say, who gives his whole time to it and draws his military pay.

Q. Have you any on your medical boards?—A. No, sir.

By Mr. Redman:

Q. Would it not be more advisable to let the doctors attend to their ordinary practice and hold a meeting of the board at a certain hour two or three times a week?—A. We cannot do that.

Q. Why not?—A. Too many men to be examined. We consider fifteen men per day sufficient for one board.

By Mr. Nesbitt:

Q. You know about that attestation business. Do they give them a real examination now?—A. Yes, they do; but in spite of that unfit men will get in.

By Hon. Mr. McCurdy:

Q. Do any fit men not get in?—A. Yes; it works both ways. That raises the point Lieut.-Colonel Connell spoke about. The medical sheet made out at the time of enlistment states "slight defects, but not sufficient to cause rejection." In regard to that we desire our board to indicate the defects. The man may have slightly flat feet, or something of that kind. Then the point regarding aggravation of something pre-existing enlistment. The great bulk of these are discovered overseas. A man is back probably from a wound, and he develops symptoms pointing to a cardiac condition. He will go on then and give his medical attendant his history and may tell about having had rheumatism or diphtheria some years before, probably dates his valvular disease from a time previous to enlistment. Another point that the lieutenant-colonel mentioned is the consideration of the man's present disability due to service. It seems to me that a case of nephritis, syphilis, cardiac disease or tuberculosis, ought to be considered. The present incapacity of a man from any one of those four cases ought to be considered as due to service, irrespective of whether he was in service three months or six months, because he was a fit man in civil life and had carried on and his family did not know he was not fit. He perhaps never missed a day's work. He might join the army to-day and be put on heavy physical training to-morrow, and the undue exertion might break down his cardiac compensation, and the consequences are just as serious as if he were six months on service.

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By the Chairman:

Q. The other view, as stated by members of the Board of Consultants was that the state should only compensate for the injury the state had caused, and that if a man was suffering from a disability at the time of his enlistment which was only aggravated by service to the state the measure or compensation should be the aggravation rather than the total disability from which he might be suffering.—A. But from the man's point of view he might have carried on for 20 years in civil life in the occupation in which he was engaged, but general service has broken him down. Reversing it, supposing he had valvular disease of the heart due to service, had rheumatism on service from the valvular disease of the heart and had perfect compensation, my understanding is that he has no pensionable disability. Why should that not be reversed?—If he went in with valvular disease of the heart with perfect compensation, and broke down, it is all due to service.

By Mr. Nickle:

Q. Suppose he had the sight of one eye only when he enlisted, and that fact were not ascertained by the medical board and he subsequently lost the sight of his other eye, would you give him compensation for the loss of both eyes?—A. Yes, his present total incapacity occurred on service.

Q. Suppose he fraudulently concealed from the medical board that he only had the sight of one eye at the time of enlistment.—A. That is he was passed with good eyes.

Q. He was blind in one eye at the time of enlistment, and fraudulently concealed the fact from the medical officer examining him and he lost the sight of the other eye through service; would you give him total disability?—A. In view of the fact that a man is considered fit for service blind in one eye and accepted as a Category B man, whether he deceived the medical examiner or not should make no difference.

Q. There is the case of a man being taken into a band to play the cornet with only one arm. He came back all right except that arm. It did not grow on him in the service. Would you give him compensation for the arm he had not got?—A. No, I would say, obvious disability. If he lost that arm there would be something on his papers to show it.

Q. He was taken in with one arm. You would not give him a pension for the arm he had not lost?—A. Not at all. The point has been raised that in similar cases one district board would estimate the incapacity at 50 per cent and another board at 40 per cent. In order to prove that proposition to me, it would have to be the case of two different boards passing on the same man. The description of the 40 per cent may look the same as the description of 60 per cent but when you see the man it would look entirely different, and there are so many things in a man you cannot describe.

Q. Inadequacy of expression might indicate an apparent description, where there was none, as to condition?—A. Quite so.

Q. If I understand you aright, practically what you lay down is this: the deficiency in the determination of disability depends on the capacity and ability of the examining board?—A. Quite so.

By the Chairman:

Q. It is true whether the local board simply describe the disability for the purpose of enabling the central board to pass upon it, or whether they estimate it themselves?—A. My experience is this, that the board's proceedings, i.e., M.B. 227, doing away with the estimating of the incapacity have since deteriorated greatly because now the only check I have on the board is taken away. Under section 11 they would estimate 60 per cent disability, and I would read section 9 which shows the man's

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present condition and that would not justify the degree of disability estimated under 11. I would know that one or the other is wrong. They have taken away the greatest check on the actions of the board that I have had.

Q. Why do you say that it interferes with the board?—A. It does practically interfere with the board because the A.D.M.S. office has no check on it, and previously the disability described under section 9, 227, and the incapacity estimated under section 11 are inconsistent, and by doing away with section 11 as has been done recently you have no check whatever as to whether section 9 is right or not.

By Mr. Nickle:

Q. You see no objection to the man's giving a statement of his side of the case, and having it recorded on the form, do you?—A. Not at all, our boards are instructed to do this; the medical officers are instructed to first set out all the symptoms complained of.

Q. And you can see no objection to the man's statement of his case being on every form, and that could be followed by the court's finding as to the facts?—A. Right.

By Mr. Sutherland:

Q. Do you have the previous medical board before you when a soldier comes up for examination?—A. Invariably, the chief exception is when a man comes in from another district.

Q. Then you have the boards in England and other places, and you carefully consider the findings of these boards?—A. Yes.

Q. I have a case here that was dealt with in London; perhaps you will look at it and see. There is a considerable difference in the findings of the boards. (File handed to witness.)—A. (After examining file.) This board finds that at that date he was fit for duty.

Q. This board in Shoreham recommended six months leave on furlough?—A. It says 'C III' duty in England, at that time they expected it to be raised here.

Q. Then he was boarded in London in November, 1914, six months at least total disability, and three weeks later, the next board says one month?—A. He was out of the hospital practically a free agent.

Q. The board on November 30 recommends that he shall have six months' total disability?—A. That is right.

Q. And three weeks later the board recommends that he shall have four months and recommends his discharge?—A. Quite probable.

Q. It seems to be remarkable the difference between the two boards, does it not?—A. It shows that the six months recommendation was incorrect.

Q. That the case was not properly diagnosed at first?—A. No, it is the middle board; the board overseas and this board at Quebec and the last board apparently all agree, it shows that the middle board was incorrect.

Q. Does that mean that the six months was properly recommended?—A. It means fit for duty in England and likely to be raised after six months; it means on duty.

Q. So that the next board is the one you think fell down?—A. The second one, the one in England, the one in Quebec, and the last one, all apparently agree.

Q. So that is the board then that you would consider were in error?—A. Yes.

Q. Probable duration of disability, two years, and it is signed by one medical officer?—A. A medical officer brings the case forward.

Q. This case was before the full board?—A. Yes.

By Mr. Nesbitt:

Q. Is that (producing document) the form used for the officers?—A. This is the form they used to use previous to officers' going overseas; an officer may previously have been in the service for six or eight months or a year, without a medical board.

[Dr. D. J. McKay.]

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Q. And that is the one used previous to going overseas?—A. Yes.

Q. There is really no examination on that at all?—A. It cannot be completed without examination.

By the Chairman:

Q. In what respect at least does that differ from the attestation paper for the men? Have you a copy of that, there in that file?—A. The officers' attestation paper was a declaration that he was willing to serve overseas, and down at the bottom it is signed that he was found fit by the medical officer.

Q. In what respect does the form for the medical board for the officers, differ from the form of the medical board for the private?—A. Till October, 1916, the private did not have a medical board on coming into the service.

Q. He simply had the examination of the medical officer of the battalion?—A. Yes.

Q. And that appeared on his attestation paper?—A. Yes and his medical sheet.

Q. Then in the case of an officer did he always have a medical board?—A. I could not say as to that, our battalion all had it before they went over.

By Mr. Nickle:

Q. As a matter of fact, as I understand it, in the early days the officers were given their commissions and went in without any medical examination at all?—A. I would not say they were given commissions without examinations, they were given commissions without a medical board.

Q. I understood some of them went in without any medical examination?—A. I cannot understand that because in the form 287, there is a space on the reverse side to be signed by the medical officer on examination.

By Mr. Nesbitt:

Q. There is a form here and I would like to ask what suggestion you could offer for its improvement?—A. In the first place section 7 has two lines at the outside in which the periods that a man has served in other units from such a date to such a date is to be given. That man might have been in six or eight units and there is only room there to specify two. Then in section 8 is an asterisk and it is not shown what it refers to; in small print it says, "see section 11." But turn over to section 11, there is absolutely no connection that I can see between the two. And in section 8 "original disease or disability," the word "injury" would be preferable to "disability"; and in subsection (d) "present disease or disability," and divided into sections.

By the Chairman:

Q. Is that the present form, or the old form?—A. This is pension form 227, the latest form.

By Mr. Nesbitt:

Q. Is there enough room for the statement of the soldier?—A. I think so, especially where the board puts in his complaint under section 9.

By Hon. Mr. McCurdy:

Q. In speaking of medical officers employed on part time you stated that there are medical officers in districts who are drawing pay without giving any service to the department. Can you give us some particulars on that?—A. Well, sir, I could, but I cannot in connection with this.

Q. Is it a part of your duties to report such cases?—A. Not at all.

Q. In fact, you would be distinctly outside your duties to report cases of that kind?—A. I have reported the matter to the A.D.M.S.; that is the extent of my duty.

Q. Have you reported it?—A. Yes

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By the Chairman:

Q. In connection with a disease that is progressive in its character, either heart trouble or tuberculosis that you have spoken about, does the local medical board themselves make any inquiry into the past history of the patient when conducting the examination, or do they depend so far as the past history is concerned on the boards that have been held while the man has been serving in the ranks?—A. Our boards depend to a large extent on the previous boards; the history is given.

Q. Is there any reason why you do not inquire into the past history if the disability is one which, from its nature, would suggest that it might have existed prior to enlistment?—A. There is no reason, sir, except that it is on his documents that it originated at such and such a time, and they work on that assumption.

Q. Suppose you have a case come before you of acute heart trouble, which from its nature is arterial sclerosis, that has not developed suddenly, but is usually a matter of months, if not of years, and when you find a man suffering from that shortly after entering the army would you, as chief of the medical board, not inquire into his past medical history before recommending a pension?—A. It seems to me in that case it would not be exactly a medical history; it would be a working history.

Q. Would you not inquire as to what had been his condition prior to enlistment?—A. Yes.

Q. Do you in such case?—A. Invariably. When I say I do, I am not sitting on the board.

Q. I mean the boards under your supervision?—A. Yes. I make a point to visit them until I know them.

Q. What inquiry would you make? How would you deal with a case of that kind?—A. Find out from the man what his occupation was, how long a day's work he performed, and how many days he was off, if any. If the man was working at an occupation that required a fit man, and with no loss of time—if he were doing a full day's work when he joined the army and was now only doing half a day's work, I would say it had all occurred on service.

Q. Is that your view of what it should be or your interpretation of the present regulations?—A. That is my view of what it should be.

Q. I am rather dealing with how you treat cases under the present regulations.—A. I endeavour to have our boards treat them the way I think they should be treated.

Q. As far as the boards under you are concerned you are acting on what you think the law should be, rather than on the strict interpretation of the law?—A. Well, they are a little elastic.

By Mr. Nickle:

Q. Still the regulations do lay down that there are two classes of condition for which a man gets pension; one is the aggravation of a disability on service or due to service, and the other is a disability incurred subsequent to service.—A. The medical board is supposed to know nothing about pension regulations.

Q. You are not furnished with a copy of the regulations?—A. We are not furnished with the basis on which the B.P.C. instructions are built.

By the Chairman:

Q. If the pensions are granted on the basis of the medical board's report, should not the medical board have a knowledge of the pension regulations and secure the necessary information to enable the Pension Board to grant the proper pension under the regulation?—A. I think if the medical board knew all the side lines of the pensions we would get better boards—if they knew the why and wherefore—why we want this or that.

Q. Is it your view that fuller instructions should be given to the medical board than they have?—A. Yes.

[Dr. D. J. McKay.]

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Q. What do you suggest along that line?—A. Some men qualified to give instructions should stay with the board and give those instructions. One lecture is no good. Two lectures are no good.

Q. Why do you not inaugurate such a system?—A. We have it there.

Q. Do you instruct your medical boards in No. 1 District?—A. We endeavour to do so.

Q. Are they not instructed on the point Mr. Nickle has mentioned that pensions are granted to all classes of cases, one for disability incurred through service, and the other an aggravation of disability due to service?—A. Yes, and they work on this basis, that an obvious disability was present on enlistment, and in the case where it was not obvious, all the incapacity was due to service.

Q. If a case came before you where the man was suffering from acute heart trouble sometime after he entered the service and his attestation paper did not disclose any disability at the time of enlistment, you would treat it as wholly due to service?—A. Yes, treating his incapacity as due to service.

Q. And you would do the same with an officer?—A. Oh, yes, I would endeavour to make no distinction between an officer and a private.

Q. In actual practice in No. 1 Military District, unless there is something in the medical documents which come before you which indicates the incapacity existed prior to entering the service, you treat the whole incapacity from which the man suffers as being due to service?—A. Yes, overseas we used to find this very frequently. A man was paraded before the board by his medical officer. He will state to the board that two years before he joined the army he was laid up for three months with inflammatory rheumatism and the doctor told him his heart was bad. Our assumption from that was that during that attack of inflammatory rheumatism he developed valvular disease of the heart, and the origin of that was definite therefore before enlistment.

Q. If you received such a board, when you come to discharge that man you would report that the apparent disability was due to trouble contracted prior to enlistment?—A. Yes.

Q. But if the board did not contain those facts, you would not go back to make inquiry as to whether his heart trouble did exist prior to enlistment or not?—A. Not unless there was something pointing to it. The medical history sheets might show something that would account for it on service.

By Mr. Nickle:

Q. If the medical history sheet did not show it you would make an independent inquiry?—A. Yes. I could not answer that in detail. I cannot recall any case applicable to that question.

Q. I was surprised to learn you had not the pension regulations in detail furnished to you showing the scale of disability?—A. We get the B.P.C. instructions to medical officers.

Q. But you do not get the regulations?—A. No.

Q. So that really what you do is to determine the medical facts but you do not determine them in relation to the awarding of pension?—A. We make our 227 as near as possible in accordance with B.P.C. instructions issued to medical officers.

Q. That is the scale of pensions?—A. Yes it had more than that.

Dr. W. T. CONNELL recalled.

By the Chairman:

Q. Have you looked over these files?—A. I have.

Q. Take Col. Labatt's case first. On examining that file what would you say as to the degree of disability from which Col. Labatt is suffering?—A. Well at the present time I should say his disability was practically complete.

[Dr. W. T. Connell.]

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Q. Is it a case where, if you were reporting on it, you would report total disability from the facts disclosed?—A. Yes, total disability.

Q. Is there any doubt about that?—A. No, not in my mind.

Q. Is there sufficient data there to enable you to express any opinion as to whether that disability existed in any respect at the date of enlistment?—A. The present condition apparently is largely connected, with the diseased condition of the heart. The medical board of 17th June, 1915 says there was no sign of heart trouble. That is stated emphatically on the board—that is the first indication of heart trouble. There is a history there of course of his having had duodenal ulcer of many years standing. That is reported on the board of January 26, 1915, and for this he was operated on successfully. There is also a reference to the fact that he had been previously operated on before enlistment for gall stones and disease of the appendix.

Q. Taking the medical boards as you see them there on file, what would you say as to whether that disability was contracted during service or was simply aggravated during service?—A. Well, if the statement in the board of June 17 is correct, that this condition of valvular disease of the heart was the first indication of heart trouble, then of course it was acquired during service. One would like in that particular to have had a record of his case history sheet while in hospital for the operation for duodenal ulcer. That is not in the file. He was operated on along apparently in February, 1915, but there is no record of the operation itself or the actual condition found in that file. There is simply this statement that no symptoms of heart trouble were present before this attack.

Q. Do you usually have such in the medical files?—A. Such a case history sheet has no doubt been made, but it likely has remained in England. It should accompany the case. It is supposed to accompany it now. Three years ago many of the case history sheets were not sent to Canada.

By Mr. Nickle:

Q. You base your conclusion on that finding of the medical board that there was no evidence of heart trouble prior to that date?—A. There is no record whatever of that condition on the board of 26th January, 1915. The report of 26th January states that he had duodenal ulcer of many years standing from which he had a hemorrhage two weeks before, and the board of 17th June reports that he was operated on successfully for this and had this attack of heart trouble, and that was the first sign of the attack.

The CHAIRMAN.—Major Cronyn made a statement the other day in regard to this matter. I would ask him to repeat it.

Mr. CRONYN: I stated that in the autumn of 1914, I met an Indian who, on the outbreak of the war in August, was sent in as a runner some distance up in the Temagami Forest Reserve, where Colonel Labatt happened to be, and this man informed me that Colonel Labatt packed up and went out with him, doing what was an ordinary three-days trip in one day, breaking all records as he put it. The man intimated to me that Colonel Labatt did his share of the carrying and paddling. I did not give this as evidence to the committee when we were considering the case.

By the Chairman:

Q. Assuming that to be true would that indicate that at that time Colonel Labatt was not suffering from any heart trouble?—A. Apparently he was not suffering from any heart condition.

Q. Could a man suffering from a cardiac heart do what has been described?—A. Not without distress, and showing physical fatigue. It would look, from the history such as is found there, as if something had happened between January and June for this onset of this cardiac trouble—between January 26 and June 15, 1915.

[Dr. D. J. McKay]

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By Mr. Sutherland:

Q. He would be in a weaker condition having undergone an operation?—A. He had this duodenal ulcer with hemorrhage which required an operation and a serious operation—gastro enterostomy.

By Mr. Cronyn:

Q. Could it be explained by his returning to service too soon after the operation?—A. He might have as a result of the operation some weakening of the muscles, and then if a big strain were thrown on the muscles that might bring it about. There is one document which is missing from a medical point of view. That is the case history while in the hospital. If we had that we could express an opinion better.

By the Chairman:

Q. Then the next matter is that of Lieut.-Col. Bradbury. What do you say as to any opinion you have to express as to the degree of disability based on the file there?—A. A man with angina pectoris has a high degree of disability. He is anywhere from 60 to 80 per cent at least disabled in the common labour market.

Q. Is there any data upon which you could form an estimate as to whether that disability existed in whole or in part prior to enlistment?—A. A basis for it, undoubtedly, but the basis for angina pectoris is usually some arterial disease—arterio sclerosis. It is a matter of rather slow development, a matter taking from months up to years to develop. So that the basis for the attack existed there, though, from the medical evidence presented on the record the first attacks occurred one year after he went into the service. From what I can gather from the documents he enlisted November, 1915, and the first attacks of angina pectoris began November, 1916. There is a note there that in August, 1916, the blood pressure was 170, and that shows that he had arterial disease in August, to a rather marked extent.

Q. Is there anything from the actual description of the disease contained in the file from which you could estimate how long the trouble antedated enlistment?—A. There is nothing in the files.

Q. Is there anything in the nature of the disease which would enable you to estimate it?—A. I have just said that in the case of a man fifty-eight years of age arterial sclerosis always underlie angina pectoris and the development of that disease is a matter of years or months. It does not develop in a few weeks; it might be five or it might be ten years.

By Mr. Nickle:

Q. In your opinion, to use your own expression, did the basis for the complaint exist in Colonel Labatt's case prior to joining the Canadian forces?—A. I can see nothing in the medical history itself to indicate that, such as we have it on the file. But this man has had appendix trouble, and a duodenal ulcer of many years' standing, but there is nothing at all on the file to show that he had cardiac disease.

Q. Does that indicate nothing in regard to his heart, or physical condition, that he would not be a fit man?—A. He certainly was not a fit man if he had some trouble with his appendix and a duodenal ulcer. Under those conditions no man could pass him as fit, but there was nothing about cardiac disease.

By Mr. Power:

Q. Are the conditions in the training camps in Canada of such a nature as to accelerate the disease from which Colonel Bradbury suffered. Apparently he was in a bad condition in November, 1916?—A. November, 1916, was the first attack.

Q. And apparently he had been training in Canada for a year before that. Are the conditions in the training camps here much more difficult than the conditions of ordinary life?—A. Very much more difficult. Unless this man was a man doing a

[Dr. W. T. Connell.]

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great deal of physical work before enlistment, the actual work of marching and that sort of thing would affect his physical condition.

Q. Now take Captain Stephen's file; what do you say with reference to that?—A. Apparently in this case there must have been a cardiac condition preceding enlistment which apparently was well compensated. In other words, the man was able to carry on and able to go overseas, until an attack of dysentery in June, 1915, broke down this compensation. It seems to me that his cardiac trouble was developed by the service. In that case there was no question but that this cardiac condition ante-dated enlistment sixteen years.

Q. What does that indicate to you?—A. That it was of considerable duration—many months.

Q. Do you mean months prior to enlistment or months prior to the date of the board?—A. Months prior to the date of the board.

Q. What is the date of that board?—A. January 7, 1915.

Q. What is the date of enlistment?—A. The date of the enlistment I could not get; I did not look that up. The man reached overseas, and he must have been some months training here before going overseas, and some months in England; his heart must have been well compensated or he would not have been allowed to go overseas.

By Mr. Power:

Q. He trained at Salisbury Plain and afterwards went to France?—A. But the attack of dysentery apparently broke down the compensation of his heart.

Q. You speak of compensation, is that an inference you draw from the facts, or does that appear upon the medical sheet?—A. I drew that from the facts of the man's case. There is apparently no reference in the files to the cardiac condition, until this board of June 7, 1915, which states that there was an attack of dysentery and describes the cardiac condition then, and the statement is also made that it dates back sixteen years and that the apex beat is one inch outside the nipple line.

Q. What do you mean by that?—A. An enlargement of the heart which takes time and which can only take place slowly so that it would take many months for the heart to enlarge to reach that size.

Q. What do you mean by many months?—A. Ordinarily one would not say in a case of that character, where there is muscular enlargement, that it would reach that stage inside of at least one year. A heart can dilate and stretch quickly, but the heart whose muscle walls is thick means a matter of slow development.

By Mr. Nickle:

Q. Would the extraordinary exertion to which Mr. Cronyn drew your attention with regard to Colonel Labatt have a permanent effect which might produce this heart condition; Mr. Cronyn spoke of Col. Labatt doing two days' work in one?—A. That was in the autumn of 1914, and the Board states there was no sign of heart trouble before June 1915, and no signs of heart trouble before this last attack. It would tend to bring it on, there would be enormous strain upon the muscles of the heart in such a case.

Witness retired.

Committee adjourned.

APPENDIX No. 2

MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 207.

WEDNESDAY, May 15, 1918.

The committee met at 3.00 o'clock p.m., the chairman, Hon. N. W. Rowell, presiding.

Members present—Messrs. Cronyn, Green, McCurdy, Nesbitt, Nickle, Pardee, Power, Redman, Ross, Rowell, and Sutherland.—11.

The minutes of last meeting were read and adopted.

The chairman read to the committee communications received which were considered as follows:—

(1) Letters from Mr. Knight of the G.W.V.A., with letter Mrs. Jane Johnston appended thereto, relating to Pte. P. M. Kennedy,—to be further considered.

(2) Letter submitted by Mr. Douglas, M.P., *re* case of Mrs. A. C. Hood,—to be further considered.

(3) Letter from the Minister of Militia, General Mewburn, *re* Col. Labatt's disability pension,—which was ordered extended in the records.

The committee then proceeded to the subject of evidence, and on the question being put by the chairman: Shall Col. Labatt's family physician be heard for evidence? The following members voted *yea*: Messrs. Cronyn, Green, and Redman,—3; *nay*: Messrs. Nesbitt, Nickle and Sutherland,—3. The chairman voted *yea*. The secretary called the attention of the chairman to the fact that there was not a quorum present when the vote was taken. Messrs. McCurdy, Pardee, Power and Ross having entered, the chairman's action on the question was subsequently confirmed.

The committee then proceeded to hear the evidence given by Dr. I. Olmstead, Col. Belton, Lt.-Col. Philp and Commander Ross.

The Committee then adjourned until Thursday, May 16th, at 11 o'clock a.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

HOUSE OF COMMONS, ROOM 207.

THURSDAY, May 16, 1918.

The committee met at 11.00 o'clock a.m., the chairman, Hon. N. W. Rowell, presiding,

Members present,—Messrs. Cronyn, Green, McCurdy, Nesbitt, Nickle, Pardee, Power, Redman, Ross, Rowell and Sutherland,—11.

In attendance,—Major Andrews, M.P., and Mr. Archibald.

The minutes of last meeting were read and adopted.

The chairman read to the committee communications received which were considered as follows:—

(1) Letters and a telegram in respect to the number of Reservists of British, Belgian, French and Italian armies who were residents in Canada at the commence-

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ment of hostilities and who have since been recalled to their units, the number totalling 16,879. The Belgian and Italian Consuls noted in their reports that the figures 1,100 and 8,000 respectively were given as the approximate number of men who had returned to their regiments.—Ordered printed.

(2) Letter from Mr. W. B. MacCoy, Secretary of the Soldiers' Employment Committee, Halifax, and submitted by Hon. W. S. Fielding, respecting "Deductions of over-payments of moneys from pension."—Ordered printed and for further consideration.

The committee resumed the consideration of Col. Labatt's disability pension and certain contents of Mr. H. H. Stevens' letter in relation thereto.

The committee then resumed the further consideration of recommendations and suggestions respecting the proposed amendments to the Pensions Act and Regulations, and further progress was made.

The committee heard the statement of Mr. Archibald respecting the granting of pensions where the promotion had been made after disability. Mr. Archibald produced a number of fyles in connection therewith and a sub-committee composed of Messrs. Redman and Ross were appointed to examine same and report thereon.

It being one o'clock, the committee rose.

The committee resumed its proceedings at 3.30 o'clock p.m., Hon. N. W. Rowell, presiding.

The committee proceeded to consider the question of its report to the House. The recommendations and suggestions which have from time to time, been submitted to, and considered by the committee, were again reviewed and referred to a sub-committee composed of Messrs. Nickle, Cronyn, and Power with instructions to prepare a draft copy of report to contain the recommendations already agreed to, by the committee for submission to the Committee.

The committee then adjourned until Friday, May 17th, at 11 o'clock a.m.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

APPENDIX No. 2

MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 207,
FRIDAY, May 17, 1918.

The committee met at 11 o'clock. a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present—Messrs. Cronyn, Green, McCurdy, Nesbitt, Nickle, Pardee, Power, Redman, Ross and Rowell.—10.

The minutes of last meeting were read and adopted.

Letter received from Major J. L. Todd, member of the Board of Pension Commissioners was read by the chairman, considered by the committee and ordered printed. *See* Addendum to No. 13 copy of proceedings.

The committee proceeded to further consider the report to be presented to the House, and adopted the principle of a certain recommendation relating to the basis upon which future disability pensions shall be granted. Said recommendation was referred to the sub-committee with instructions that it be extended in the draft copy of report for submission to the committee.

The Committee then adjourned.

V. CLOUTIER,
Clerk.

W. F. NICKLE,
For Chairman.

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MINUTES OF PROCEEDINGS.

HOUSE OF COMMONS, ROOM 207,
MONDAY, May 20, 1918.

The committee met at 11.30 o'clock, a.m., the chairman, Hon. N. W. Rowell, presiding.

Members present—Messrs. Cronyn, Green, Lapointe (St. James), McCurdy, Nesbitt, Nickle, Pardee, Power, Redman, Ross, Rowell, and Turriff.—12.

The minutes of last meeting were read and adopted.

The sub-committee composed of Messrs. Redman and Ross submitted their report re the examination of official files pertaining to cases of promotion after disability. The report was received, considered and ordered printed.

The committee then proceeded to further consider the report to be presented to the House.

It being One o'clock, the committee rose.

The committee again met at 8.30 o'clock p.m., Mr. W. F. Nickle, acted as chairman, owing to the chairman's unavoidable engagement in the House, and also the absence of the vice-chairman.

The sub-committee composed of Messrs. Nickle, Cronyn and Power submitted a draft copy of report for the House. Said report was again considered by the committee and read section by section, and agreed to. On motion of Mr. Nesbitt, seconded by Mr. Cronyn, the report as read was adopted, and the clerk of the committee was instructed to prepare a copy of the report as read and adopted, for presentation to the House. The following members present signed the report.

Hon. N. W. Rowell, chairman, Hon. F. B. McCurdy, vice-chairman, and Messrs. Cronyn, Green, Lapointe (St. James), Nesbitt, Nickle, Pardee, Power, Ross and Turriff.

The committee then adjourned.

V. CLOUTIER,
Clerk.

N. W. ROWELL,
Chairman.

APPENDIX No. 2

MINUTES OF EVIDENCE.

HOUSE OF COMMONS, ROOM 207,
WEDNESDAY, May 15, 1918.

The committee met at 3 o'clock, Hon. Mr. Rowell, chairman, presiding.

The CHAIRMAN: The question has arisen as to the latitude to be allowed witnesses in the matter of alterations of their evidence on revision.

Mr. NICKLE: I do not think there should be any variation of the evidence given unless the witness comes before the Committee and makes the alteration publicly. I rely on statements made here for the conclusions I may reach, and if my conclusions should be challenged I would then refer to the evidence to justify the opinion I had taken, and if there is going to be elimination from the evidence of material statements that may have influenced my judgment, I, as well as other members of the committee will find ourselves in a very embarrassing position.

The CHAIRMAN: The position taken by Mr. Nickle is the correct one. There should be no changes in the testimony unless the witness here publicly asks that the change should be made, and the committee agrees to the change being made, and the change appears as part of the record.

Dr. I. OLMSTEAD, sworn.

By the Chairman:

Q. How long have you been practising your profession, and where have you practiced it?—A. I graduated in 1886, and practiced in Hamilton and in hospital work in Philadelphia.

Q. You specialize in surgery or medicine?—A. Surgery.

Q. What medical societies or organizations are you a member of?—A. Ontario Medical, Canadian Medical, British Medical, Fellow of the American Surgical Association and Clinical Surgeons of Canada.

Q. How long have you known Col. Labatt?—A. I have known him a great many years, I could not tell how long. I should say probably 30 years.

Q. How long have you been his family physician?—A. I was his family physician from 1894, when I started to practice in Hamilton. I attended the family at that time. I was not his family physician for the last number of years, but was his family surgeon, you might say.

Q. Did you see him prior to his enlistment?—A. Yes, sir.

Q. Were you with him?—A. Yes.

Q. Just tell us about that.—A. Well, we took a trip up the Temagami, he and his son and my son, both lads of about 12. We went about 60 miles up in the Temagami district. We left Temagami Station I think about the 1st of August. We got our guides and went up about 60 miles and fished about six days, when a telegram came to us saying Britain had declared war, and that they were asking for volunteers. We packed up at once and came down. We took about three days going up. Col. Labatt is a hard camper to go with. He is a horse to work and was at that time. When we came out we hurried to make as good time as we could, and we came out in a little over a day and a half, whereas it took us about three days to go in, and Col. Labatt packed over the portages about 100 pounds of dunnage, and I did not pack anything on our trip up. We were both more or less soft. He was ahead of me all the time.

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I wanted to get ahead of him in order to see the game. I could just see the tail of his canoe going around the corners. Coming back I told him I thought he was a fool to carry so much dunnage. I thought we would not get the boat. The boat left, I think, about 4 o'clock from Bear Island and I did not think we could possibly make it because some of the trails that were good on the way up, were not good coming back. Some trees had blown down, and that makes quite a difference in packing out. However, he did not heed my advice at all. He just did what he always did, packed everything he could carry in order to make time. When we came to Temagami Lake a big storm came on and there was a very heavy sea with an east wind, and we had to paddle 12 miles, I think it was, and it was a hard paddle, but we made the boat, although we were all wet through, and we packed all our stuff on the boat and did not pay the Hudson Bay Company, and had to send a cheque afterwards to pay for the stuff we had taken in for the camping material. The night before we left, when we got this message I said, "For the Lord's sake you are fifty years of age." I did not see any particular necessity of him going to war, unless he was going to help matters along, and he said, "Oh no, I have been a soldier all my life, and it would not do for me to buck now." I said, "If you feel that way, all right," and I also said, "Let me have a look at you." I had not examined him for a couple of years. I operated on him in 1912 for this gall bladder trouble, and I took out his appendix at that time. Col. Labatt never showed any evidence of any heart lesion when he was up there. We had some pretty heavy trails, and he packed over that ground. He did more work, really, than either of the Indians, carried more, and he was also on the hustle. He was one of the hardest campers I ever went with. But the night before we left, the message came about two o'clock but we did not get out until nearly four. We packed up and made an early start in the morning. I said, "Let me look over you," and I do not know why I said that, but I thought I would just see what his condition was. He is an enormous, big, thick chested fellow, and although it was only a cursory examination I detected nothing at that time. His heart was not out of line, and there was nothing marked at all. He would go over those trails and he did not puff except when we first started, as any man would starting with such an exercise. He started paddling hard. I thought I could hold my own with anybody paddling, but they always kept ahead of me going out and coming back. I thought he was in very good condition indeed. I never thought of his heart being affected at that time. Yesterday when he called me up and came over and took lunch with me, and told me he wanted a certificate as to the condition he had been in at that time, I said I would very gladly give it, and then afterwards he telephoned me and asked if I could come down here. I said I could not come to-day, and then I arranged my work. I thought I would be very glad to come down if my evidence would be of any use at all so I arranged my work and came down. His condition now I consider is very serious. I do not think he will use the pension he will get an awful long time, unless he gets rest. It was an awful shock to me to see him.

Q. You performed certain operations on Col. Labatt? I see certain operations are mentioned?—A. Yes, I took out his gall bladder and appendix I think in 1912.

Q. Did you look over his file in his case?—A. Yes.

Q. Having looked over the file what is your opinion of his present disability from heart trouble. Do you agree or disagree with the finding there?—A. Oh, I quite agree with it.

Q. What do you say on the question of his suffering from serious trouble at the time he enlisted?—A. Well, I do not think there is any question about it. A man could not do that amount of work and that sort of work if he had a serious heart lesion.

Q. That is the work to which you refer?—A. On that trip, yes. You cannot have a week of hard driving down as we had, because I have been camping on camping trips, I have camped every year, and I know what it is, and he had nothing that showed at

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that time that he had any heart trouble. A man may have a certain amount of it without anyone's being able to detect it, but it cannot be serious, or he would certainly peg out.

Q. Did you ever have any occasion to make any examination of his heart at all prior to that?—A. I examined him; he had a mild attack of rheumatism some years ago when I was attending him as his family physician and at that time I, of course, examined his heart, and he had no heart condition at that time. I examined his heart very carefully before operating on him in 1912, and he had no heart trouble then that could be demonstrated by the stethoscope and ordinary methods, because he was an athlete and a man that would undoubtedly have a certain amount of hypertrophy, but what is more he was thick-chested with a good deal of muscle, with tremendous muscles, and you could not tell anything beyond normal lines.

Q. Leaving apart entirely any knowledge you may have yourself of Colonel Labatt, and speaking as a surgeon on the experience you have had, and taking the record as you find it there, what would you say then as to his condition on the day of enlistment and his condition at the time the pension was awarded?—Oh well, it was an entirely different condition; I do not think he had any appreciable heart trouble, if he had any, at the time he left Temegami. We parted there, and I do not know, we separated; after that, he went through a lot that would account for his present trouble. He was operated on for a duodenal ulcer.

Q. What do you mean by saying he went through a great deal?—A. When in England.

Q. That was after enlistment?—A. Yes, he had an illness there, and underwent an operation for duodenal ulcer which was not an easy one on account of the man's treatment at the previous operation; now, in my operation, the incision would not expose the gall-bladder, and I had to cut the muscles here (indicating) and there were naturally more adhesions as a result of that operation which made the operation in England much more difficult and he must evidently have been shocked with the operation, because they put hot water bottles around him and he had an extensive burn which took weeks to heal, there was pus all the time in this scar. There were plenty of chances to give trouble afterwards.

By Mr. Nickle:

Q. I do not want unnecessarily to raise objection, but certainly that is not evidence. You were not there.—A. I am speaking from this report here.

Q. Where is there anything about hot water bottles?—A. It does not say anything about hot water bottles, but that is the way it is produced, that is the way it always is.

By Mr. Sutherland:

Q. Is there a statement to that effect there on the record?—A. Yes, (examines the file), I saw that here somewhere that it suppurated.

By Mr. Nickle:

Q. In view of the position I have taken with regard to confining ourselves to facts that are on the record I will confine myself to the record and to the deductions to be made therefrom. You have read through the Boards, have you?—A. I glanced over them, sir.

Q. Have you given them such careful consideration that you would be prepared to pledge your word by way of deduction?—A. Yes.

Q. Then, in your opinion, having read through the records, would you say that Colonel Labatt was a perfectly sound man, in your judgment, from these records, at the time that he enlisted?—A. I do not think, judging from these reports, I could make a statement on that.

Q. Then there is insufficient evidence on the records to justify the conclusion that he was fit and sound on enlistment?—A. The reports are—

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Q. You must answer that question "yes" or "no".—A. Will you kindly repeat the question.

Q. In your opinion there is not sufficient evidence in the reports to justify the conclusion that Colonel Labatt was perfectly sound at the time of enlistment?—A. I do not think—

Q. Answer that "yes" or "no".—A. Well,

Q. "yes" or "no"?—A. That is all very well—

Q. I want the question answered "yes" or "no".—A. I do not think anybody could state positively one way or the other.

Q. That is all I want.

By Mr. Redman:

Q. There is nothing in the evidence to show there was anything wrong with him at the time of enlistment?—A. Nothing that I see at all.

By Mr. Nickle:

Q. Then you would differ from the conclusion of Col. McGillivray and Col. Connell?—A. I do not know what they said.

Q. They said that when he became a member of the C.E.F. the probabilities were, in their opinion, that he was not perfectly sound at the time he became such a member.—A. I do not think anybody is perfectly sound at 50 years to do active service, otherwise they would increase the age limit. I did not declare myself as in one of the three classes of liars or experts, but I will tell you honestly these are the facts of our trip up there, and any fellow who goes through that without previous training—I know when I started golf this year I felt it going up the short hills.

Witness retired.

Commander J. K. L. Ross, *recalled*.

By the Chairman:

Q. Will you read the letter which Mr. Stevens sent to the Committee?—A. I know of this letter. I have now read it.

Q. I wish to ask you, in connection with the granting of the pension to Col. Labatt what have you to say with reference to the suggestion that possibly some influence was used in connection with it?—A. First of all, Mr. Chairman, I do not want to hide behind ignorance. I did not know until I returned from England that Col. Labatt was in receipt of a pension, but the Pensions Board pride themselves that they are not influenced by anybody in the granting of pensions. We try to grant pensions on the evidence we receive, and no influence to my knowledge to date has ever been brought to bear to affect us one way or the other in granting or not granting a pension, and what Mr. Stevens is trying to deduce here is entirely wrong. I have not seen Col. Labatt's file in regard to the pension but from what I have been told about it and what I have read in the evidence—and if it had come up before me with the medical board—I would not hesitate in granting Col. Labatt a pension. I may say that few worked as Col. Labatt did, and being in touch with him for two years I consider Col. Labatt, from what I know of him personally, has a very large disability, and he has worked on the Pension Board conscientiously and put forward the best that was in him and done excellent work and I would not ask for a better colleague to work with, or a more honest and straightforward colleague, and one not affected by influence, and a thoroughly capable business man. This talk which has been going on is most unfair to a man who has given so much of his life and time to his country.

Q. Who was present at the time Col. Labatt was granted a pension?—A. I could not tell you.

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Q. Could you tell from looking at the record and finding out the time the pension was granted which members of the board passed on it?—A. I did not see it myself. There is only one other member of the board besides Col. Labatt. That is Major Todd.

Q. Would it be Col. Labatt himself who passed on his own pension?—A. I have not looked at the file. I think the date is October. I think I was here. I might have been out of town that day. I would have to refer to my diary to see whether I was in Ottawa on that particular day.

MAJOR TODD: I knew Col. Labatt's claim for pension was going through, and since he was one of my colleagues, I specifically abstained from taking part in the matter at all. We have every confidence in our medical advisers and the matter was left to them entirely and decided by them. The signature which is there is Mr. Ross' signature, put on the file, as was explained to you in evidence, by a clerk who is there for that purpose. The signature that gave the pension in this case, the responsible man, is Col. Belton.

Mr. NICKLE: I do not know why the Chairman of the Commission cannot give his own evidence.

WITNESS: I am looking at the date, 27th November, 1917.

By Mr. Nickle:

Q. Look at March.—A. 27th March, 1918, myself and Major Todd were in England on pension business.

Q. The question I asked was in regard to the 4th of April.—A. On the 4th of April myself and Major Todd were both in Great Britain on Pension business. Is that an answer?

Q. If it is the fact?—A. I am telling you the facts.

By Mr. Sutherland:

Q. You have stated that Col. Labatt paid very close attention to the work of the board. Has he been absent for any long period?—A. To my knowledge I would say that Col. Labatt has not been absent for any long period from Ottawa, with the one exception when he and I made a trip from Ottawa to Victoria and back on Pension matters.

Q. What would you call a long absence?—A. I do not think Col. Labatt has been away, as I recollect, for more than a week.

Q. With that exception?—A. Yes. We were away that time for about three weeks and a half.

Q. Col. Labatt in his evidence said that probably he was at home in bed for about ten days and he says this case may have come up in his absence. Apparently from his own evidence he was absent about ten days.—A. I said to you not much longer than a week that I knew of; I will probably have it in my file. I cannot say offhand.

Q. It is not unreasonable to suppose that a man suffering from total disability might be absent any day.—A. Certainly. I know he was ill one time, I do not know how long. It may have been a week or ten days. Those things happen in an office and going back a year or six months we do not remember how many days a man is absent.

Q. This would be within six months?—A. Yes. I had been away in Great Britain for practically four months.

Q. So that in that case the three members of the Commission have been absent from the board—A. Two absent.

Q. If you and Major Todd were absent in England and if Col. Labatt was absent in Montreal in bed—A. I did not know that he was in Montreal in bed. He may have been.

Q. It would be very difficult for a person who was not in good health to attempt the work on the Commission?—A. Well, outside of Col. Labatt sometimes being absent for a day, not feeling well, and he has been ill to my knowledge for a period in the

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neighbourhood of a week—he certainly made up for all the absences by his conscientious staying at the office and sticking to the work and seeing that it was done. Neither Col. Labatt or myself or Major Todd consider ourselves as office boys, that we should keep hours from 9 till 5 or 9 to 6. We are supposed to be controlling the policy of the organization, and there is a staff to carry on the work under our direction. It is not always an absolute necessity for three members of the board to be there the same as the office boys.

Q. It is quite possible the three members of the Commission would be absent from the board ten days when matters of importance would be dealt with by the staff in their absence?—A. In this case when Major Todd and myself were in England, it was quite possible. If Col. Labatt took ill it would be possible for no member of the board to be present.

By Mr. Nichol:

Q. As a matter of administration do you not think it would have been wiser, when a pension was awarded to one of the Commissioners, that it should have been awarded when the Commissioners were at home and after they had carefully looked into the matter, particularly when you have an expert like Major Todd on the board. Don't you think it would have been wiser and obviated this embarrassing situation?—A. Well, the pension was first granted, I understand, in November, 1917, Major Todd was here.

Q. Major Todd made the remark that you left it altogether to your medical advisers and did not assume any responsibility.—A. It sifts down to the action of the medical advisers, and the medical advisers only. If they say a man is 100 per cent disabled, what would you suggest for the Commissioners to do?

Q. Are you asking me a question?—A. Yes.

Q. You want an answer?—A. Yes.

Q. I think Major Todd and you should have sat on it, Major Todd being a medical man. If you ask me a question I will give you an answer. I think in this case that Major Todd being an expert, and the pension being awarded to one of the Commissioners, it would have been advisable for Major Todd to have reviewed the medical evidence. That is my frank opinion and I would not have given it if you had not asked for it. In regard to an answer you gave, you said, "Is that the answer you want?" I do not want any answer except the answer that is a fact. A member of Parliament has made a charge and we thought we should have tried to clear it up.—A. You ask me a question and I answered it the first time, and you said that was not the answer you wanted, and then I looked at the file, and you came and turned over to a certain date, and asked me if I was here then.

Q. After many pleasant months with you, I do not want to differ with you on the Committee.—A. I can safely say I was not here at that time, because I was 4,000 miles away, and more.

The CHAIRMAN: As I understand it, all the Pension Commissioners were here in November when the pension was granted.

Major TODD: Yes.

Witness retired.

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Col. C. W. BELTON, recalled.

By the Chairman:

Q. I want to draw your attention to a letter from Mr. Stevens and I want to ask you with reference to the statement or suggestion contained in the letter; was any influence of any kind brought to bear upon you in connection with dealing with this particular pension?—A. There was absolutely none, sir.

Q. From any source whatever?—A. From any source whatever, either in this case or any other case that has ever come before me.

Q. And you granted the pension, as you have already told us upon the document?—A. Upon the documents on the file.

Q. One of the members of the Committee has asked if you will explain the report made by you in connection with the Stephens pension. That (handing file to witness) is the report to which reference has been made.—A. Yes, it is where I stated our policy in recommending Class I pension.

Q. It is a question of policy?—A. Yes, this was written on June 5th, 1916. That was during the period after the Order in Council creating the Commission and changing the Pension Regulations had been made, but before the Commissioners were appointed, and while Colonel Dunbar and myself were acting pro tem. The Order in Council was not absolutely clear on many points and Colonel Dunbar consulted the Premier and the Chairman of the Parliamentary Committee which had made the recommendation on which the Order in Council was based.

Q. Have you personal knowledge of that or is it just hearsay?—A. Personal knowledge, and we were recommended to consult Mr. Gisborne, the gentleman who had drawn up the Order in Council. On seeing him and pointing out the clauses under discussion, and asking the meaning of some of the clauses he told us to go ahead in the spirit of the regulation as far as we could understand it and not to be bothered by any petty little quibblings about the meaning, but to get at a just and general interpretation. Now this, if I might quote from the evidence given the other day in regard to heart conditions, is the policy herein referred to when I said to the Committee that if a man were shown to have had a slight cardiac trouble on enlistment, but where there has been many years of compensation, and the man would be able to carry on almost all ordinary work and where the medical officer, being the servant of the State neglected to advise that man that he was unfit for service, and he should thereafter by service become totally disabled, I thought we should look upon the original disability as almost, if not altogether, a negligible quantity. That has been the policy followed, and the policy herein referred to.

By Mr. Nickle:

Q. Why do you cut down this young man fifty per cent within a few months? You reduced this man by 50 per cent.—A. I will have to consult the file.

By the Chairman.

Q. Do I understand you to say that you acted on Mr. Gisborne's advice?—A. We were establishing, or had to establish a precedent, you might call it. There was nothing in the order to guide us, absolutely that is so. We are told that a man is to be given a pension, and reading clause 16, we, by analogy understood that he was to be given a pension for disability which is incurred on active service or which may have been aggravated on service but it is not made plain that we should give it for the portion that is the aggravation on service, or for the whole disability.

Q. I thought you did, I was under the impression that the regulations provided for that?—A. No they do not, and there has to be an established practice.

Q. Then in the course you took you followed the advice of Mr. Gisborne, the Parliamentary Counsel?—A. Yes, we were laying down a policy, establishing a policy.

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Q. And that is what you refer to, the policy you have established?—A. Yes, that is what I was referring to. Now this pension of Captain Francis C. Stephens has been continued for a second period after re-examination, and the medical officer who recommended the second award, has made a précis of the case, giving his reasons for the award.

Q. Mr. Nickle asked you the question why it was reduced.

By Mr. Nickle:

Q. I asked on what grounds the pensioner mentioned in that file had been reduced.
—A. Because the disability had decreased.

By Mr. Nesbitt:

Q. What did he get in the first place?—A. 100 per cent total disability.

Q. And then he was reviewed by some other Board?—A. After a time he was re-examined and was given a pension of 60 per cent, Class 9.

Q. What does he draw now, 60 per cent?—A. I think so.

By the Chairman:

Q. As the Chief Medical Officer of the Pension Board, what do you say as to the question of the pension now being drawn by the pensioner being the proper one having regard to the documents on the file?—A. It is quite correct. Let me make myself quite clear as to that matter of aggravation. Had the condition not been aggravated to a total disability some consideration would have been given to his condition before; that is to say if this aggravation was slight, a ten per cent aggravation, the first ten per cent might not be considered, but considering the man has been improperly advised by the servants of the State, and then becomes totally incapacitated, I thought we should not quibble about a small matter like that.

By Mr. Nesbitt:

Q. That was the man who was sent to Bermuda to instruct?—A. I know nothing about that.

By Mr. Nickle:

Q. Getting away from that particular case how do you reconcile the statements that have been given to this Committee that in numerous cases deduction was made from the pension by your men on account of disability that they suffered at the time of enlistment, in reference to syphilitic and general debility cases we have been told not once, but hundreds of times, that pensions were awarded having regard first to aggravation and second to initial disability. Now you tell us to-day that that policy is not the policy of the board.—A. In the first place it must be established beyond doubt that a man has a disability before enlistment.

Q. Correct. Now assuming that to be established.—A. In the case of Stephens—

Q. Get away from the Stephens case, and deal with principles.—A. In such a case as that of Stephens where the man had been reported to have heart trouble, but which was fully compensated and gave him no trouble whatever, and he in service became totally disabled, I would still consider his first disability almost negligible.

Q. That is perfectly sound in principle. You said Mr. Gisborne drew the Order in Council?—A. Yes.

Q. You knew he just copied the report, practically verbatim?—A. Some little alterations.

Q. They were trivial?—A. Important.

Q. In what respect?—A. Is that your report? (report handed to witness).

Q. In these cases that Mr. Sutherland and Mr. Mills brought before this Committee we have been repeatedly told that the men were only pensioned for disability incidental to service, and that pre-existing disability was deducted, is that not the policy?—A. That is so.

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Q. And always has been?—A. Quite so.

Q. And that Order in Council makes it quite clear that such is the policy?—A. No.

Q. Read section 11, of the report of the Committee which is section 12 of the Order in Council:—A. (Reads)

“That a member of such force on account of disability incurred on active service or aggravated thereby be pensionable at the following rates for total disability:—

Q. That does not make a distinction?—A. I do not understand what you mean.

Q. The distinction between aggravation of the disability and disability incurred during service.—A. No, I do not think it does.

Q. Let me read it again: (reads section 11 again.)—A. That identifies his disability.

Q. And does not make any distinction?—A. No.

Q. Did you read the report of the committee, and the evidence taken before the committee in 1916?—A. Yes.

Q. Do you mean to tell me that that report does not make it abundantly clear that there was a clear-cut cleavage between cases of aggravation and initial disability?—A. I certainly understood that.

Q. That there was?—A. Yes, I was really acting according to the spirit, not according to the letter, but I flattered myself that I knew something of the intentions of the committee, and endeavoured to follow the spirit.

Q. And that spirit was that the aggravation should be considered?—A. Yes.

By the Chairman:

Q. What do you mean by saying that in total disability cases you would apply a different rule? I do not quite follow the distinction.—A. That his disability had been perfectly clear to the extent I have described, but to no further extent than that. I think it is a fair interpretation of what the committee approved.

Q. What you say is that in this case you followed the practice that you had followed, and the principle that had been laid down and followed in other similar cases?—A. Yes.

Q. And that this case was not treated in any different way from any other case?—A. None whatever. The soldier is given the benefit of the doubt where there is any question about earlier conditions.

By Mr. Nickle:

Q. Turn up section 10 and 12 of the Order in Council. Do I understand that by section 12 as I have it in the Order in Council you have concluded that there was no consideration to be paid to pre-enlistment disabilities?—A. No, Sir. I take 16 and others and substituted for “has been killed, etc.” the words “has been disabled as a result of injuries received”; etc., reasoning by analogy.

Q. I want to say this in justice to Colonel Belton that section 12 of the Order in Council was section 11 of the report. Section 11 of the report reads as follows:

“That a member of such force, an account of disability incurred on active service or aggravated thereby be pensionable at the following rates for total disability;”

and in drawing the Order in Council it is changed in this way:

“The following shall be the scale of pensions for total disability:—”

and leaves out this word “aggravation” which leaves the man’s total disability no matter how incurred.

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Then you say you read that as the law, and that aggravation is not applying to total disability?—A. Yes, and still continues the aggravation idea there with the other classes.

Q. What is your practice now, let us understand it?—A. This is the practice: If we are sure that the man had disability before service, pre-existing conditions, and that that became aggravated by service, the pensionable part is the aggravation only.

Q. The total disability?—A. No, less than total, and even total in many cases.

Q. How do you make the distinction between one case and another? There must be some principle underlying the practice.—A. There is a principle which I explained at the beginning of my evidence, that where you go to a medical officer and rely upon his advice as to your fitness for going into the service, if you have something radically wrong and readily discoverable, he should refuse you. If there is something radically wrong with the man and the medical officer should refuse him, and does not, I think the State has an added responsibility in regard to that man.

Q. How are you construing these regulations? Are you making any distinction between a man who comes with a disability that originated subsequent to enlistment, and a man who comes to you with a disability, part of which is only an aggravation?—A. We are deducting the pre-service disability, but we must feel sure about it. Of course we give the soldier the benefit of any doubt.

Q. Assuming there is no doubt, then you are only pensioning for the aggravation?—A. That is correct.

Q. I understand you to say in the case you were just referring to that you were satisfied that all the disability has resulted subsequent to the man becoming a member of the C.E.F.?—A. This case of Stephens?

Q. Yes?—A. It is said he had a heart affection before.

Q. You were satisfied that the disability all resulted subsequent to his becoming a member of the C.E.F.?—A. No, Mr. Nickle, I will not say so. Will you let me say this: Men in the condition that Stephens was in have been discharged from the service and the medical board said they had no disability, that they were fit to go back and take any kind of work. In my opinion they were not.

Q. I am not worrying about Captain Stephens' case. What is your practice? At the beginning of the inquiry we were distinctly told that in the case of a great many men that they were only being paid for the disability that occurred during service, the aggravation of some pre-existing trouble?—A. Yes.

Q. I understood you to say to-day, in reply to the chairman, that it was not the practice of your board or you to make that distinction. Now I understand you to say that it is the practice?—A. It is the practice to make the distinction, but in this case had the man the disability at the first? That is the question. Had he a disability? Was that condition a disability? There is a great deal of medical opinion that would say no. It is a fine question.

The CHAIRMAN: I did not apprehend the distinction myself which the Colonel draws between the condition which might produce disability—

WITNESS: The potential condition.

The CHAIRMAN: The potential condition which does not disable a man for his ordinary work, but which is aggravated in service does completely disable him. He appears to draw a distinction between that case and the case where the nature of the disease is itself a disablement more or less from the start.

WITNESS: Yes. Well, the disability is apparent. That is part of it, and in doing that I believe I was carrying out your ideas after listening to your discussion.

By the Chairman:

Q. To prevent any possible misapprehension, what I understand from you when you came to deal with this class of case is that interim period between the day of the passage of the Order in Council and the appointment of the Pensions Board the

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question was raised in your mind as to the proper principle you should apply in carrying out the regulations.—A. Yes.

Q. And that upon making inquiries of the Chairman of the Pensions Board and the Prime Minister, you were sent to Mr. Gisborne, the Parliamentary Counsel, to advise as to what should be the proper interpretation?—A. Yes. To carry out the spirit of the instructions and the committee's intentions.

Q. And that you followed his advice in the course you took? Is that your testimony?—A. Yes. Where the thing was not definite we endeavoured to establish precedent and lay down a policy which would be in the spirit of the Order in Council. You will remember I have referred to this matter before in my evidence, in which I have stated the same thing about aggravation. If I had a copy of the evidence I would quote it to you.

Witness retired.

Lt.-Col. George R. Philp sworn.

By the Chairman:

Q. What is your position?—A. One of the Medical Advisers of the Board of Pension Commissioners.

Q. How long have you been practising your profession?—A. Since 1909.

Q. What positions have you held since the outbreak of the war?—A. Surgeon with No. 2 Canadian General Hospital, Medical Officer with No. 2 Canadian Field Ambulance, Medical Officer with First Divisional Ammunition Column, Second in Command of No. 5 Canadian Field Ambulance, and in command of No. 10 Canadian Field Ambulance all during last three years.

Q. Then you served three years at the front?—A. I have served practically three years—33 months.

Q. Passing from one position to another, until you became the officer in charge of the ambulance you have mentioned?—A. Yes.

Q. How long have you been on the Board of Pension Commissioners—A. Since October, 1917.

Q. I see from the record here in Col. Labatt's case that you were the officer who made the examination?—A. Yes. In the ordinary course of routine business the file came to me.

Q. Here is a letter which has been written to me as Chairman of this Committee.—A. Yes, sir. I have read the letter.

Q. Was any influence of any kind brought to bear upon you in connection with the examination of Col. Labatt?—A. None whatever.

Q. Was it dealt with simply in the ordinary course of business?—A. In the ordinary routine course of business.

Q. To whom do you report, or do you report?—A. Col. Belton is the chief medical adviser.

Q. What was the date upon which the pension was granted?—A. On 15th November last I wrote my recommendation for pension.

Q. What is the routine in dealing with such cases?—A. The files come to the several medical advisers and the majority of the cases are quite clear. They are examined. A précis is made of that and put on our form 800 for further re-examination, six months or a year later as we may advise, and then it passes through. We make the recommendation for a certain percentage disability according to tables of disability which we have, and upon which our instructions are to act. In any case of possible debate or uncertainty as to whether it is a 30, 35 or 40 per cent disability, or more or less, it is our routine to take up the case with one of our co-medical officers and talk it over with him, and in many cases we get him to initial

[Lieut.-Col., George Philp.]

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under our signature. I have been in the habit in any special cases of going in and explaining the case to Col. Belton and talking it over with him, and asking him if he will kindly endorse my opinion of the case.

Q. Do you remember whether you did that in this case or not?—A. I think I did that in this case.

Q. Will your records show?—A. Yes.

By Hon. Mr. McCurdy:

Q. Why would you consider this case should go into the doubtful class?—A. I do not want to say doubtful. I do not mean to say that exactly.

Q. You mean debatable?—A. Debatable class. I considered it a total disability, and then it was an officer, Col. Labatt; so I took it in to Col. Belton. I wanted to reinforce my own opinion. I did it personally, probably along the line we adopt in all these cases—as protection. You get another man to endorse your opinion. In certain cases where there is a question among the medical advisers we are in the habit of making a précis and passing it around half a dozen medical advisers and getting their opinion, and we make a set case of it for future reference. We put it in as a stated case.

Q. You referred all these debatable cases to Col. Belton?—A. I do not want you to infer that. I am in the habit of doing that in a large number of important cases of that kind.

By Mr. Nesbitt:

Q. Why did you arrive at the conclusion that this was a case of total disability on service in place of having been aggravated?—A. We have to examine these cases according to the records that are given us, and if you look through the file here you will find that under date 17th June, 1915, there is a medical board at Osborne, Isle of Wight, and this is not signed by a Canadian medical officer. It is signed by a Royal Army Medical Corps officer, in fact, two of them, in which they say that he has marked aortic regurgitation, with dyspnoea on exertion, has been an athlete, but has never had a sign of heart trouble before present attack. That is one board. Then there is a medical board 15th October at Hamilton, Ont., in which they state—

Q. This board came before you?—A. Certainly they all came before me. This board states that there is 100 per cent disability and that there is no aggravation due to service, that clause 14 is not applicable that the whole disability is due to service. It is on these boards that we have to pass judgment. Then the history of the case shows that the man went over when the rest of us went, in the first contingent. He lived through Salisbury Plain. I was there, and I know something of the conditions of Salisbury Plain. He went through an operation in January. He was strong enough to stand the anaesthetic for an operation which must have lasted between one and two hours. He had a gastro-enterostomy done. He recovered from that and went to France in May and returned from France in June with heart trouble.

By Hon. Mr. McCurdy:

Q. Do you consider that you have had before you all the medical history that can be of service in arriving at a decision?—A. I think the ideal condition would be if we had an absolute charted medical examination of every soldier on enlistment. We have not got that.

Q. Is there any part of the medical history overseas that would have assisted you in coming to a conclusion?—A. The heart examination which is made by an anaesthetist before the operation would materially assist us. He had an operation in January, 1915, in the Salisbury Plain Hospital, at Netheravon. It is usual for an anaesthetist to make an examination of the heart, as we have always done in all cases. That would have given a description of the condition of the heart.

Q. Would that have assisted you in coming to a conclusion?—A. Yes.

[Lieut.-Col. George Philp.]

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Q. Did you make any inquiry in regard to that?—A. There is no record like that. If there is a record it would be in existence.

Q. Did you make any inquiries?—A. No, I did not.

Q. Is there a possibility of being able to obtain that?—A. I do not think it. In my own hospital, No. 2 General, an anaesthetist went over the condition. He did not make out a report. The fact that that man was able to stand an operation which must have lasted between an hour and a half and two hours was strong evidence to me that he was in fairly good condition.

Q. How strong?—A. Strong enough for me to say, that with the description at the present time it would be a very risky operation. It would be an extreme risk.

Q. Are you satisfied that it would have been impossible to obtain that record of his heart condition at the time of the operation. Are you satisfied that that record is not available?—A. The record is probably not available.

By the Chairman:

Q. If it were available it would be on file? A. Yes, in the ordinary course of events.

By Mr. Sutherland:

Q. In this medical board of 17th June, 1915, they say "has been an athlete, but has never had a sign of heart trouble before present attack". Would that indicate that they had some information which you did not have?—A. They make a definite statement there. —A. That is in the nature of taking a man's word for it, as a matter of personal history

By Mr. Nesbitt:

Q. As a matter of fact while he was in the hospital recovering from that operation they would keep a daily check?—A. Yes.

Q. That would assist you very much?—A. We get these case reports sometimes but I doubt if we could get them in the early part of the war. Now they keep those case reports, but they did not always at the beginning.

Q. They did not keep them at the beginning?—A. No, they did not begin to at first.

Q. They would make them, but they would not keep them.—A. I doubt very much, for this reason, that in the hospitals they are extremely busy and were working under the most difficult conditions—if you knew anything about it, they had 700 men there.

By Hon. Mr McCurdy:

Q. Not only have you not got it, but you do not think it is in existence?—A. They probably did not keep it, they had many more cases than they expected, and they had serious epidemics to contend with.

Witness retired.

COLONEL BELTON recalled.

By the Chairman.

Q. Colonel Belton wants to explain one point which he thinks he has not made clear. I certainly misunderstood him, I thought he said that when a particular case he had under consideration came up they consulted as to the principles that should be applied; he says that is not so. I understand from Colonel Belton that if he left that impression upon the Committee, it was wrong, and he desires to correct it.—A. I think Mr. Nickle understood, and I thought he was the most interested; it is in regard

[Col. C. W. Belton.]

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to the Order in Council which followed the report from the Committee in May, 1916. There was an Order in Council made based on this report, and Mr. Gisborne drafted the Order in Council but left out things, which, to us, seemed important. Mr. Nickle drew attention to that fact.

Q. The point we want to have established clearly is with regard to this consultation you had with Mr. Gisborne. Was it immediately following the Order in Council when you entered upon your duties, in order to help you to determine general principles of law in reference to a particular case?—A. It was in regard to the inconsistency.

Q. I want to get at the time when that conference was held.—A. It was immediately after the Order in Council was passed.

Q. And it had no relation to a particular case?—A. No relation whatever.

By Mr. Nesbitt:

Q. It was the policy you wanted to decide?—A. Yes.

Witness retired.

The CHAIRMAN: I think we should consider further the question which has already been under consideration, whether the pension should be granted as of the rank of the soldier at the time of disability, or the rank at the time of discharge, as is the present procedure. In order to enable us to consider that matter more intelligently, I asked Mr. Archibald on Monday if he would bring to the Committee certain classes of these cases so that we might see the conditions under which promotions took place, and particularly that he would bring a number of files where privates had been promoted so that we could see just the conditions under which these promotions were made. I did not ask him to bring any particular files, but the files that would show both classes. Mr. Archibald brought two files only, and those of officers and if we leave it there it might leave a wrong impression as to the class; we should ask Mr. Archibald to give us other files so as to have various classes of cases in which promotions have been made between the incurring of disability and the discharge so that we should know just how many classes would be affected by any change, if we choose to make any change, in our recommendations. I asked him to-day to look up the matter, and if it is the desire of the Committee I will ask him to have that for us to-morrow, and we can then complete that aspect of our investigation. I should like to ask the Committee if there are any other witnesses that any members of the Committee think should be called to give evidence on any of the points that we have had under consideration.

Mr. NESBITT: Speaking only for myself, I do not know of any other witnesses we should have, and I think we should get down to our own views as soon as possible.

Hon. Mr. McCURDY: There was an unfinished letter under the date of April 30th. I think the statement was made before the Committee that the Department of the Soldiers' Civil Re-establishment had in their employ in certain duties connected with the Canadian National Institute for the Blind at Toronto, who got paid at the rate of \$5 per week, which is a different rate to that allowed under the Pension Regulations. I think under the Pension Regulations there is an allowance made to blind pensioners; they get during the period of accommodation a sum of, I think it is, \$200 a year, and \$175 a year after the period of accommodation. Inquiry has been made with regard to this presumed employee at Toronto, and I am advised that there is no record to be found of his being in the employ of the Department referred to. They can find no trace of any such man under such pay.

Mr. REDMAN: I think we should take no more evidence, I think we have sufficient.

The question being put it was unanimously agreed, subject to the provision with regard to the production of files by Mr. Archibald that the taking of evidence be closed.

Committee adjourned until 11 o'clock, Thursday 16th.

[Col. C. W. Belton.]

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HOUSE OF COMMONS, OTTAWA,

COMMITTEE ROOM 207,

THURSDAY, May 16, 1918.

The Special Committee appointed to consider the Pension Board, Pension Regulations, etc., met at 11 o'clock a.m., the chairman, Hon. N. W. Rowell, presiding.

Mr. ARCHIBALD produced a number of files, some privates' and some officers' where the promotion had been made after disability, and before pension was granted; also one file in which after disability the officer was apparently reduced to lower rank and, in that case, pension was granted as of the lower rank. Mr. Archibald stated to the committee that the files did not disclose the reason for the promotion in any case; that there was nothing on the files in any case to suggest that any officer had been promoted after disability, for the purpose of securing increased pension. Mr. Archibald stated that the records in these cases would be found in the Headquarters files of the Department of Militia and Defence, and the Records Office.

Mr. Ross asked that these files should be produced, and it was agreed that Captain Redman and Mr. Ross should be a sub-committee for the purpose of looking over any files relating to officers and men where promotion had taken place between disability and pension, and to report to the committee any information which they thought should be presented to the committee.

The committee resumed consideration of the evidence before them.

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ADDENDUM TO No. 13 COPY OF PROCEEDINGS

- (a) Letter from the Minister of Militia.
- (b) Communications re number of British reservists and others of Allied Countries.
- (c) Letter from Mr. W. B. McCoy, Halifax, re Deductions of overpayments, etc.
- (d) Letter from Mr. J. L. Todd, Member of the Board of Pension Commissioners.
- (e) Report of Sub-Committee.
- (f) Letter of Clerk of Committee to Hon. R. Lemieux. . .

MINISTER'S OFFICE

OTTAWA, May 15, 1918.

Dear Mr. Rowell:

Re Colonel R. H. Labatt.

With reference to letter written by Mr. H. H. Stevens to you, which appeared in the *Ottawa Citizen* of the 9th inst., in which letter an inference is drawn that Colonel Labatt's appointment to the Board of Pension Commissioners and the pension that has been granted, may have been influenced by some connection with me, I desire to point out, as I have already stated publicly in the House, that I had nothing to do directly or indirectly with Colonel Labatt's appointment to the Board of Pension Commissioners, and I had no knowledge whatever regarding his pension.

I feel that I should give you some information regarding this officer's military record, for the benefit of your committee, which is as follows:

Joined 7th Regiment in 1881.

Joined Queen's Own Rifles in 1883, while in Toronto.

Rejoined 7th Regiment in 1885, on returning to London.

Served through the Northwest Rebellion, as a private in the 7th Regiment, 1885.

On removal to Hamilton in 1889, joined the 13th Regiment. Rose from junior lieutenant to second in command of the 13th Regiment, and was second in command of this Regiment when war broke out.

Colonel Labatt is one of the highest qualified officers in Canada, has taken every course, and devoted very many years of tremendously hard work for the Canadian Militia; he has spent his time and money freely in the interests of the service. He was specially selected to go to England with the Canadian Contingent for King George's Coronation, and assisted in training that contingent. He took a prominent part in the Tercentenary Celebration at Quebec.

When war broke out Colonel Labatt was in Temagami District. A telegram was sent to him in care of the Hudson's Bay Company, which was forwarded to him by Indian runners into the backwoods. Immediately on receipt of this telegram he paddled some sixty miles, went over heavy portages and made a record trip to Temagami Station where he wired the then Minister of Militia, offering his services. Immediately he returned to Hamilton his offer was accepted by the Government and he went to Valcartier in command of the First Contingent from the City of Hamilton. He was placed in command of the 4th Battalion, C.E.F., organized and trained that Battalion, took it to England, worked strenuously throughout the winter on Salisbury Plains. In February, 1915, he had to undergo an operation for duodenal ulcer, in England. His battalion proceeded to France. Medical officers advised him to take a prolonged rest, which he could have done at the country's expense.

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After the death of Colonel Birchall, in April, 1915, General Alderson wired the War Office to send Colonel Labatt to take command of the 4th Battalion. He at once proceeded to France, took over the command of the 4th Battalion and commanded it throughout the battle of Festubert with marked success.

In July, 1915, he returned to Canada. Instead of taking a prolonged rest then, as he was justly entitled to, his services were sought to assist in training in Military District No. 2. Realizing the necessity for Machine Gun work, he proceeded to Ottawa and requested permission to organize a Machine Gun Battalion and was finally granted permission by the Government to do so. He immediately proceeded to organize the first Machine Gun Battalion in the British Empire. He raised the 86th Machine Gun Battalion and in six weeks had it organized and in camp at Niagara. In ten days he raised, in the City of Hamilton, \$217,000 for machine guns for this battalion, which money was not accepted by the Government and returned to the donors.

He was responsible for the training of this magnificent battalion which, on arrival in England, was converted into the First Canadian Machine Gun Corps, and was the foundation for our Machine Gun Corps in England.

Subsequently, he was requested by the then Minister of Militia to help in the organization of the 97th Battalion (American Legion) and a full battalion was raised in quick order, but owing to diplomatic and other reasons, this battalion which on its organization was composed of a magnificent lot of men, became somewhat disorganized. Had it been permitted to go overseas on its original organization a magnificent fighting force would have been available.

In 1916, when Colonel H. C. Bickford, General Staff Officer, M.D. No. 2 went to the front, Colonel Labatt was placed in charge of training and was responsible for the training of some 30,000 men in M.D. No. 2. On the then Minister of Militia promising General Logie a division for overseas, Colonel Bickford was recalled from France believing he would proceed overseas with the Division that was then organized, but subsequent events prevented this Division going over as a Division.

In June, 1916, on some of the troops being moved from Niagara to Camp Borden, Colonel Labatt was asked to take over the command at Camp Niagara, which he did with signal success, until he was called to Ottawa.

Colonel Labatt was asked to accept the position as one of the Pension Commissioners; he did not seek the position. He spoke to me in 1916 as to what I thought about him accepting the position. I strongly advised him against taking it as I felt that his health was in such shape that the strenuous responsibility of organizing such a big department would tell on his health. Further, I knew he had a good private business in Hamilton which was bringing him in an income quite equal to what he was offered as a Pension Commissioner.

He, however, accepted the position, sacrificed his business in Hamilton moved his family to Ottawa and, I am satisfied, was largely responsible for the splendid organization and administration of the Pension Commission, and I think his brother Commissioners will testify to the magnificent work he has done for the country since he took hold of the task allotted to him.

I feel that this officer's splendid service to his country merits most fair consideration by the members of your committee.

Yours faithfully,

S. C. MEWBURN.

Honourable N. W. ROWELL, P.C., M.P.,
Chairman of the Pension Committee,
House of Commons, Ottawa, Ont.

8-9 GEORGE V, A. 1918

Communications Re Allied Reservists.

OTTAWA, 14th May, 1918.

DEAR SIR,—I am in receipt of your letter of the 13th instant, on the subject of British reservists who have gone overseas from Canada since the beginning of the war. The only figures I have in this connection are contained in a letter from the Deputy Minister of Militia and Defence, dated the 11th December, 1914, in which the number of Imperial reservists who have been sent to England from Canada since the outbreak of war is given as 2,779. A Colonial Office despatch of that period gives the total number of reservists in Canada as 3,232. The difference between the number sent to England and the whole number resident in Canada is accounted for as follows:

| | |
|---|-----|
| Number serving in the Canadian Permanent Force. | 153 |
| “ found medically unfit for active service, | 194 |
| “ unaccounted for. | 106 |
| <hr/> | |
| Total. | 453 |

I have had nothing further on this subject, nor have I received anything at any time respecting Naval reservists.

Yours very truly,

JOSEPH POPE,

Under-Secretary of State for External Affairs.

V. CLOUTIER, Esquire,

Clerk of the Parliamentary Committee
on the subject of Soldiers' Pensions,
House of Commons, Ottawa.

CONSULAT GÉNÉRAL DE BELGIQUE,
AU CANADA,

OTTAWA, May 15, 1918.

DEAR SIR,—In reply to your inquiry of this morning as to the number of my compatriots who have left Canada since the beginning of the war to serve in the Belgian Forces, I am sorry to say that I am not in a position to furnish you with accurate data on the subject.

A number of Belgian Reservists, about the importance of which I have no information, left the country at their own expense at the beginning of the war without applying for assistance from the Belgian Consular Agents or even notifying the latter. The great majority, however, left at the expense of the Belgian Government and this office, through its correspondents, supplied them with transportation. The number of the men thus assisted has not yet been figured out, and it will take some time to do it. I, however, am safe in stating that it approximated 1,100.

Not knowing the reason of your inquiry, I may add, for all useful purposes, that a considerable number of Belgian settlers joined the Canadian Overseas Forces. I, however, have no data as to their number.

Yours faithfully,

VICTOR CLOUTIER, Esq.,

M. GOOR.

Clerk of the Parliamentary Committee
for Soldiers' Pensions,
Room 325, House of Commons, Ottawa.

APPENDIX No. 2

CONSULAT GÉNÉRAL DE FRANCE,
AU CANADA,
Montréal, le 14 mai, 1918.

Monsieur,

En réponse à votre télégramme d'hier reçu aujourd'hui, je m'empresse de vous faire savoir que le chiffre demandé est de cinq mille.

Agréé, Monsieur, l'assurance de ma considération distinguée.

Le Consul Général.

Monsieur V. Cloutier.
Ottawa.

C. BONIN.

Montreal, Q., May 15th, 1918.

V. Cloutier,

Clerk of Committee, House of Commons, Ottawa.

In reply to your telegram of 13th. beg to inform you this consulate General has repatriated five thousand reservists and between two and three thousand have repatriated voluntarily.

ZUNINI,
Italian Consul General.

Deduction of Over-payments.

Honourable N. W. ROWELL,
Chairman Pensions Committee,
House of Commons,
Ottawa, Ont.

OTTAWA, May 14, 1918.

Dear Mr. Rowell,—

I enclose a letter which I have received from Mr. W. B. MacCoy, Secretary of the Returned Soldiers' Employment Committee of Nova Scotia, on the subject of deduction of over-payments of moneys from pension.

I have no doubt that you have already had the matter referred to under your consideration. I should be glad if you would give your attention to the representations made by Mr. MacCoy.

Yours faithfully,

W. S. FIELDING.

From Secretary Returned Soldiers' Employment Committee,
65 Metropolis Building, Halifax, N.S.

To Honourable W. S. FIELDING,
House of Commons,
Ottawa, Ont.

Deduction of Over-payments
of moneys from Pension—

Dear Mr. Fielding,—

I understand that there is a Parliamentary Committee now considering the general subject of pensions. The marginally noted subject is one that comes

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within the purview of that committee. The practice has grown up of deducting from any source available sums of money alleged to be over-paid a soldier. This has now got to the stage where it is making a positive hardship, and if persisted in will result in having a number of pensioners financially stranded, and burdensome on the public.

The over-payments are not always the soldier's fault. They come about in various ways, as for instance, and these are the most common examples. The wife receives cheques for pay and allowances, and the paymaster will make advances to the man, again, the soldier when in hospital Overseas is paid money, and eventually comes to Canada, where his account is adjusted, and the man discharged. Months afterwards deduction is made from his post discharge pay or pension. The man is absolutely unable to show cause against deduction because none of these entries are made in the man's pay book, which is the only thing he has to show payments, and therefore, has to rely on the correctness of some acquittance roll which should have been produced at the time of the final payment. Besides, as you can easily understand, it is a very difficult matter for soldiers to obtain from the proper authorities information regarding the correctness of alleged over-payments.

Post discharge pay is given in order to assist the men to maintain themselves and their dependents while seeking employment in civil life.

Pension is given for a disability obtained either by service or aggravated by service. Clause six (6) definitely states that no pension shall be assigned, charged, detached, anticipated, commuted, nor shall the same be recognized by the Pension Board or any official.

Notwithstanding this clause the board is deducting over-payments from pensions. This restriction was doubtless intended as a preventive at least against the soldier becoming a public charge. No merchant's account can be deducted, why, therefore, should the Government, simply because it has the man's pension to pay, deduct the over-payment and thus make nugatory its own Order in Council.

The ordinary banking rule is that when a paying teller makes an over-payment he personally pays it, as long as paymasters know that their mistakes will not be paid by themselves, carelessness will always result, and the soldier suffers. Allow me to give you examples:—

Lance-Corporal Alfred Roscoe, Regimental No. 477793 R.C.R., Board of Pension Commissioners No. 11043. This man discharged, given a pension of \$360 per annum. Paid one year's pension, when it was discovered that separation allowances had been overpaid, and they deducted the whole of the second year's payments in one sum.

Again, Private P. J. Lawson, No. 67807, B.P.C. No. 5389. Pension of \$120. An overpayment of \$160.10 deducted from post discharge pay, and all allowances of wife paid.

My suggestion would be that a definite custom be adhered to and not changed from time to time by Orders in Council, which the soldier knows nothing of. The matter of pensions may come up in the House and I would be obliged if you could support my view.

Yours very truly,

W. B. MACCOY,
Secretary.

APPENDIX No. 2

Extent of Disability, how Estimated.

Ottawa, May 16, 1918.

Honourable N. W. Rowell, M.P.
Chairman, Parliamentary Committee on Pensions,
House of Commons,
Ottawa.

Dear Mr. Rowell,—

This letter, dictated and sent to you at Mr. Nickle's request, attempts to explain, once again, the principles which govern the Board of Pension Commissioners in estimating the extent of disability existing in soldiers whose cases come before them for decision as to pensionability.

Your committee understands the principle under which the extent of liability, wholly due to service, is estimated; the point which seems to require explanation is the principle under which the extent of disability is estimated in cases where there may be question as to whether its totality was created by service.

Before going further it is necessary to establish the following points:

1. All soldiers receive identical consideration without reference to rank (officers or men), occupation or income.
2. The benefit of every doubt is given to the soldier.
3. A distinction is drawn between "disabling condition" which, though able to produce "disability" at a given point of time does not necessarily do so, and "disability" itself.

The cases of three officers, which have been much discussed before your committee, furnish excellent examples of three different classes of cases in which the possibility of "disability" ante-dating service must be taken into consideration in the estimation of the extent of pensionable disability. For the sake of clearness all of these cases are treated as though no other factor but a heart lesion entered into our actual consideration of them.

1. In the case of Colonel Labatt there was no potential "disabling condition" present in his heart at enlistment. The whole of his cardiac "disability" appeared during his service. Therefore, it was necessary for him to receive a total disability pension.

The disability in this officer has increased, but not to the point requiring the services of an attendant, therefore, the "disability" in this officer continues at 100 per cent and a full pension, but no allowance for attendance is paid to him.

2. In the case of Captain Stephens there was a history, sixteen years ago, of rheumatism, a possible case of a cardiac "disabling condition;" nevertheless, that condition seems to have caused no "disability" at the time of enlistment, since he was accepted for service and actually served overseas, where his cardiac disability appeared. Because the compensation of the "disabling condition" was apparently perfect at the commencement of this officer's service, and might have continued uninterruptedly during his life but for the added stress of service, it was necessary for the benefit of every doubt to be given to him and for a pension of "total disability" to be granted to him.

The condition in this case has ameliorated, therefore, the amount of his pensionable disability has decreased. (For the sake of clearness reference is omitted to the "disability," so small as to be negligible in view of the ultimate "disability," which doubtless existed in this officer when his service commenced;

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since his "disabling condition," probably then present in him, may have imposed a restriction of occupation).

3. Lieutenant Colonel Bradbury had an obvious "disabling condition" which produced "disability" of some extent in him at the time of his enlistment. His "disability" became greatly increased during service. Since part of that "disability" antedated enlistment, an estimation of the extent of the aggravation was made and a pension for "disability" of 50 per cent was awarded to him.

(It should be observed that this case is still under consideration).

As was made clear during the evidence, the difficulty of making absolutely accurate statements of the extent of aggravation of a "disability" by service are often insuperable for even the best medical opinion (e.g. in tuberculosis, cardiac lesions and in syphilitic affections). These difficulties are increased for those who entered service early in the war by the insufficiency of medical examination at enlistment. This insufficiency has been greatly ameliorated. It is for this reason that the Board of Pension Commissioners have recommended that the attached clause be incorporated in new pension legislation.

I am,

Yours very sincerely,

J. L. TODD.

ABSTRACT.

"33. An applicant shall not be awarded a pension in respect of that proportion of his disability which existed in him at the time he became a member of the forces when his disability

(a) was wilfully concealed by him; or

(b) was apparent or became apparent before the expiration of three months from the time he became a member of the forces."

(Otherwise, pensions are payable for disabilities becoming apparent during service.)

REPORT OF SUB-COMMITTEE.

OTTAWA, Ontario, May 20, 1918.

Hon. N. W. ROWELL,
Chairman Pensions' Committee,
House of Commons,
Ottawa.

DEAR MR. ROWELL,—Mr. Archibald has gone through some five hundred files, and out of this number has found eleven files in which it is apparent that the officer or soldier, has been promoted since his disability was incurred, and previous to his pension being awarded.

We have gone through these eleven files with Mr. Archibald and have discovered, as far as the records show, the cause of the promotion in each case and have taken a note of these facts from each file.

In our opinion there is no evidence of any of these soldiers or officers having been promoted for the purpose of awarding them pension at a higher scale. Generally,

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it appeared that the disability did not appear sufficiently serious to warrant his discharge at the time it was incurred and the soldier secured useful employment at a higher rank and performed these duties until his disability so increased that discharge and pension were necessary.

Yours sincerely,

D. L. REDMAN,

D. C. ROSS,

Members of the Committee on Pensions.

LETTER OF CLERK OF COMMITTEE TO HON. R. LEMIEUX.

May 7, 1918.

Hon. RODOLPHE LEMIEUX, M.P.,
House of Commons, Ottawa.

DEAR SIR,—In accordance with your request made to me verbally this morning, I am enclosing herewith copy of letter *re* Mr. H. H. Stevens, M.P., to Hon. N. W. Rowell, Chairman of the Committee on Pension Regulations, in respect to the case of Col. Labatt, which is still under the consideration of the Committee. Appended to the letter was Hon. N. W. Rowell's reply, copy of which I am also sending you.

The order of the Committee regarding this communication is that it be filed for records and for further consideration. It has not been printed and I have no authority to give out its contents, but as you are a member of the Committee and as the said letter was read to the Committee by the Chairman, on Wednesday, May 1, I take it that you are entitled to have knowledge of it for your use as a member of the Committee.

This whole inquiry regarding Col. Labatt's disability pension is still proceeding.

Yours sincerely,

V. CLOUTIER,

Clerk of the Committee on Pension Regulations.

